

<b>Case Number:</b>	CM15-0058497		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old woman sustained an industrial injury on 10/3/2013. The mechanism of injury is not detailed. Diagnoses include sprain/strain of the neck, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar disc without myelopathy, cervical radiculitis, and lumbosacral radiculitis. Treatment has included oral medications. Physician notes dated 10/27/2014 show complaints of cervical spine pain rated 8/10 and radiates to the right shoulder and arm, headaches, and lumbar spine pain rated 8/10 that radiated to the right hip and knee. There are also complaints of associated symptoms effecting sleep and activities of daily living. Recommendations include pain management consultation, Omeprazole, Naproxen, Tramadol ER, and cervical spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec CAP 20mg 1 by mouth every morning #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence found in the documentation provided which suggested the worker was at an elevated risk for gastrointestinal events to warrant ongoing use of a PPI, which is not a benign medication when used chronically. Therefore, without a clear indication for its use, the Prilosec will be considered medically unnecessary.