

<b>Case Number:</b>	CM15-0062004		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

The injured worker is a 64 year old male who sustained an industrial injury on 4/23/2009. His diagnoses, and/or impressions, include: carpal tunnel syndrome; pain in limb; sprains/strains of the neck and lumbar region; thoracic or lumbosacral neuritis or radiculitis; cervical disc displacement without myelopathy; and shoulder region disorders. No current magnetic resonance imaging studies are noted. His treatments have included right shoulder surgery (2009); physical therapy; authorization for dermatology examination - expired; and medication management. The progress notes of 3/2/2015, noted continued complaints of tinnitus, visual changes and jaw pain following a closed head injury; and cervical and lumbar spine spasms and pain; and bilateral shoulder impingement and pain. The physician's requests for treatments included Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg #60 with 2 refills is not medically necessary and appropriate.