

<b>Case Number:</b>	CM15-0062084		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/12/2015
<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 54 year old male, who sustained an industrial injury on 12/14/09. He reported initial complaints of left knee pain. The injured worker was diagnosed as having lumbar sprain/strain, degenerative disc disease, depression, anxiety, and knee medial meniscus. Treatment to date has included medication, surgery (left knee meniscectomy (9/2/10), and work restrictions. MRI results were performed on 10/30/12 and 10/28/14. Currently, the injured worker complains of continued low back pain with radiation to the left leg, pain, weakness, and buckling without signs of improvement. Per the primary physician's progress report (PR-2) on 2/17/15, there was pain in the back that was rated 6-7/10. Per exam, there was diminished lumbar range of motion with spasm, tenderness about the left knee along the medial and lateral joint line with positive McMurray's testing and Steinman's test was positive on the left. The requested treatments include Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**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 hypersecretion 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 20 mg #60 is not medically necessary and appropriate.