

<b>Case Number:</b>	CM15-0081729		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 10, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator partially approved request for Valium, approved request Neurontin, denied request for Prilosec, and approved request for Celebrex. The claims administrator apparently furnished a partial approval of Valium for weaning or tapering purposes. A progress note and associated RFA forms of April 13, 2015 and April 14, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of low back, hip, and sacroiliac joint pain. SI joint injection therapy was proposed. The applicant's medications included Atarax, Lidoderm, Celebrex, Valium, Neurontin, and Prilosec, it was reported. There was, however, no mention of the applicant is having any issues with reflux or heartburn present on this date. On March 2, 2015, the applicant again reported ongoing complaints of low back pain, SI joint pain, and lower extremity radicular pain complaints. Lumbar MRI imaging and electro diagnostic testing of lower extremities were suggested. It was stated that the applicant could consider SI joint injection therapy and/or a functional restoration program evaluation at a later point. Once again, there was no mention of the applicant is having issues with reflux, heartburn, or dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the April 13, 2015 progress note at issue made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations to ensure proper use and to manage expectations. Here, however, the attending provider did not state for what purpose Prilosec (omeprazole) had been employed and whether or not it was proving effective for whatever purpose, it was being used. Therefore, the request was not medically necessary.