

<b>Case Number:</b>	CM15-0085725		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2007. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced a March 21, 2015 RFA form and associated appeal letter of the same date in its determination. The applicant's attorney subsequently appealed. In a March 19, 2015 appeal letter, the applicant reported ongoing complaints of neck and low back pain status post earlier failed spine surgeries. The attending provider reiterated his request for Norco, stating that the utilization reviewer was of a different specialty than he. The attending provider also reiterated his request for a psychiatry consultation. In a March 21, 2015 appeal letter, the attending provider stated that the applicant needed four to five refills of Prilosec, in addition to other prescriptions for Prozac, Norco, and Neurontin. The attending provider noted that he had made multiple attempts to refer the applicant to a behavioral health provider in the past. The attending provider reiterated that the applicant had undergone multiple failed spine surgeries. The applicant's work status was not detailed. There was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia in the body of the appeal letter. In a February 19, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities status post earlier failed spine surgery. A visibly antalgic gait was appreciated. Prilosec, Prozac, Norco, and Neurontin were endorsed. The applicant was asked to consult a psychologist to consider spinal cord stimulator trial. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. The applicant was 47 years old, it was reported on this date.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

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

**Decision rationale:** No, the request for Prilosec (Omeprazole), 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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes and appeal letters of February and March 2015, referenced above. The applicant likewise failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (age 47), was not seemingly using any NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.