

<b>Case Number:</b>	CM13-0043664		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61 year old male who sustained an injury on 13/30/2010. The mechanism of injury is unknown. Prior treatment history has included TENS, Bio-Therm and Norco. Progress report dated 09/19/2013 documented the patient to have complaints of pain affecting his cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, bilateral knees and left ankle. It is noted that the patient has been taking Prilosec and Norco but no mention of upset stomach related to opiate use. He does have a diagnosis of gastric complaints secondary to prescribed medication usage noted on 05/06/2013. Prior utilization review dated 10/09/2013 states the request for Prilosec (Omeprazole 20mg) #60 is not certified as there is no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC (OMEPRAZOLE 20MG) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI's.

**Decision rationale:** The guidelines recommend PPI therapy for patients at risk for GI events on NSAIDs, history of GERD, ulcers, or several other GI disorders. The clinical documents did not clarify the indication for Prilosec. The clinical notes document gastric complaints second to medication. However, this is not a clear indication for PPI therapy. Some of the clinical documents were also handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.