

<b>Case Number:</b>	CM14-0017586		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/11/1996
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 11, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgeries; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of February 6, 2014, the claims administrator seemingly denied a request for Prilosec, an antacid medication. The claims administrator stated that the applicant should use over-the-counter Prilosec as opposed to prescription Prilosec, while apparently acknowledging the applicant's symptoms of dyspepsia. The claims administrator cited a variety of non-MTUS Guidelines, including the Third Edition ACOEM Guidelines, Physician's Desk Reference, ODG Guidelines, etc., although the MTUS does address the topic. A March 27, 2014 progress note was notable for comments that the applicant was on Norco for chronic low back pain. The applicant reported that usage of Norco caused gastrointestinal (GI) upset. The applicant apparently had to restart omeprazole (Prilosec), it was stated. An earlier note of January 13, 2014 was notable for comments that the applicant had found work and had apparently returned to workforce at a rate of three to four (3-4) days a week, eight (8) hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRILOSEC 20MG TWICE A DAY #60 FOR GASTROINTESTINAL (GI) PROBLEMS RELATED TO MEDICATIONS TAKEN FOR THE LUMBAR SPINE DISORDER AS AN OUTPATIENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2; Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders); Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2006; Physician's Desk Reference, 68th Edition; [www.RXList.com](http://www.RXList.com); ODG Workers Compensation Drug Formulary ([www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)); [drugs.com](http://drugs.com); Epocrates Online ([www.online.epocrates.com](http://www.online.epocrates.com)); Monthly Prescribing Reference ([www.empr.com](http://www.empr.com)); Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Cal

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** The Chronic Pain Guidelines indicate that proton pump inhibitors (PPIs), such as omeprazole or Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, the applicant does apparently have symptoms of dyspepsia, apparently induced as a result of opioid therapy with Norco. Usage of Prilosec, a proton pump inhibitor, to combat the same, is indicated and appropriate, by analogy. Therefore, the request is medically necessary, on Independent Medical Review.