

<b>Case Number:</b>	CM14-0113785		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 53 year-old individual was reportedly injured on 2/28/2012. The mechanism of injury is not listed. The most recent progress note, dated 5/30/2014. Indicates that there are ongoing complaints of neck and left upper extremity pain. The physical examination demonstrated cervical spine: range of motion forward flexion 30, extension 10, rotation and lateral bending 10 bilaterally. Positive tenderness to palpation over the trapezius. Positive Spurling's on the left. Lumbar spine: range of motion 40 flexion, 10 extension, 10 lateral bending. Left shoulder: range of motion forward flexion 10, positive cross arm adduction test. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Prilosec 20 mg #60 and was not certified in the pre-authorization process on 7/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not medically necessary.