

<b>Case Number:</b>	CM14-0114483		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 who reported an injury on 11/25/2005. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar discopathy, depression, anxiety, status post lumbar interbody fusion, neurological dysfunction, cervical myoligamentous injury, lumbar SCS implant. The previous treatments included medication, surgery. The diagnostic testing included an EMG/NCV, MRI, and CT scan. Within the clinical note dated 06/04/2014 it was reported the injured worker complained of pain in the neck, radiating down to the left upper extremity. Upon the physical examination, the provider noted the injured worker had tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone, left greater than right. A positive straight leg raise was noted on the physical examination. There was decreased sensation to Wartenburg pinprick bilaterally. The cervical spine revealed tenderness in the posterior cervical musculature and trapezius muscles. There was decreased range of motion with pain with extension, with pinching radiating to the shoulders. The provider requested Prilosec. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated on 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg. BID (twice per day) # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 64.

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

**Decision rationale:** The request for Prilosec 20 mg. BID (twice per day) # 60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors would not indicate him taking NSAIDs. The treatment plan of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is lack of documentation indicating the injured worker had diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.