

<b>Case Number:</b>	CM14-0120439		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is 47 year old female with an injury date of 12/12/06. The 06/30/14 report by [REDACTED] states that the patient presents with pain in the lumbar spine status post-operative fusion. The patient experiences pain over the right SI joint following a fall in the bathtub. Examination reveals a well healed incision and tenderness at the right SI joint. This and other reports are handwritten and partly illegible. The patient's diagnoses include: 1. Herniated disc lumbosacral spine 2. Lumbar radiculitis/neuritis 3. Post op (date unknown). The 06/25/14 RFA notes the continuing medications as Norco, Anaprox, Paxil, Prilosec, Ultram, Flurbiprofen, Morphine topical, and Ambien. The utilization review being challenged is dated 07/02/14. Treatment reports were provided from 09/11/13 to 06/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, one tablet times thirty days, one bottle.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The treater presents with pain in the lumbar spine status post-operative fusion ( date unknown). The treater requests for Prilosec (Omeprazole) 20 mg, one table times 30 days, one bottle. It is unknown when the insured began taking this medication; however, it is listed in the reports provided from 09/11/13 to 06/25/14. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." There is no documentation of multiple high dosage NSAIDs or of dyspepsia secondary to NSAID therapy. Therefore, this request is not medically necessary.