

<b>Case Number:</b>	CM14-0123815		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 records, presented for review, indicate that this 41-year-old female was reportedly injured on 12/29/2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 6/13/2014, indicated that there were ongoing complaints of neck and low back pains. Physical examination demonstrated full cervical spine range motion, tenderness over bilateral superior trapezii and levator scapulae, negative Spurling's maneuver. Lumbar spine range motion was flexion 50, extension 20 and side bending 20-25. There was also tenderness over right lumbar paraspinal muscles consistent with spasms, sciatic notch tenderness, positive right straight leg raise test with motor strength in upper/lower extremities bilaterally, diminished sensation in the right L5 and S1 dermatomes, and deep tendon reflexes symmetrical at 1+/4 in upper/lower extremities bilaterally. No recent diagnostic imaging studies available for review. Diagnoses were lumbar radiculitis and cervicgia. Previous treatment included physical therapy and medications to include tramadol ER, diclofenac XR, cyclobenzaprine, ibuprofen and zolpidem. A request had been made for Prilosec, which was not certified in the utilization review on 7/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC OVER THE COUNTER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PROTON PUMP INHIBITORS Page(s): 67-68, 76-78, 98-99.

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

**Decision rationale:** MTUS 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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical record, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.