

<b>Case Number:</b>	CM14-0124512		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 request was for Prilosec 30 mg 30 times one refill. The application for independent medical review was signed on August 6, 2014. Per the records provided, the claimant is a 62-year-old man injured back in 2006. He lifted a TV camera and he twisted and complained of neck pain. The diagnoses included cervical facet disorder, disc disorder of the cervical spine, cervical radiculopathy and rotator cuff repair. As of January 30, 2014 he was complaining of neck pain radiating down to the right arm. The physical exam showed the patient had a restricted range of motion in the cervical spine and also the right shoulder. There was decreased deep tendon reflexes on both the right and the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Prilosec 40mg #30 for the Cervical Spine and Right Shoulder (DOS: 06/26/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary and appropriate.