

<b>Case Number:</b>	CM14-0131862		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/07/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 60 year old male who reported an injury on 12/07/2001 due to a fall down the stairs. The diagnoses included cervical spine and lumbar spine discopathy, status post right shoulder arthroscopic surgery, and depression. Past treatments included surgeries and medications. His diagnostic tests included an MRI on 10/12/2009 of the lumbar spine that revealed disc bulging at L4-5 and L5-S1; an MRI of the cervical spine and right shoulder on 11/06/2009 which was limited due to movement; an x-ray on 2/07/2010 of the cervical spine that revealed cervical spondylosis with degenerative disc disease at C4-5; an x-ray of the right shoulder with no evidence of a fracture/dislocation, but indicated degenerative changes at the acromioclavicular joint; and an x-ray of the lumbar spine that revealed lumbar spondylosis with L5-S1 disc space narrowing. The injured worker is status post right shoulder arthroscopy from 07/2002. The exam completed on 07/17/2014 was difficult to read. The injured worker's complaints were not legible. The physical exam findings that were readable included the lumbar range of motion was decreased and he had cervical spine pain. Medications included Norco 10/325mg, Naproxen 550mg, Prilosec 20mg and Condrolite 500/200/150mg. Part of the treatment plan included pool exercises, to continue medications, and the rest was not legible. The rationale for the request was not provided. The request for authorization form was provided on 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg quantity #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): Pages 80-81.

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

**Decision rationale:** The request for Prilosec 20mg with a quantity of 240 is not medically necessary. The injured worker has a history of cervical spine and lumbar spine discopathy, status post right shoulder arthroscopic surgery, and depression. The California MTUS guidelines recommend Omeprazole for those at risk for gastrointestinal (GI) events and dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy. The guidelines state gastrointestinal risk factors can be determined based on age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and high dose/multiple NSAIDs. The injured worker's complaints were not legible; therefore any complaints of stomach discomfort or disorders were unable to be detected. Additionally, it was not indicated in his physical exam that he had gastrointestinal issues to support he was at risk for gastrointestinal events. Lastly, the frequency of Prilosec was not provided and the request for authorization quantity conflicts with the quantity on the request. As such, the request for Prilosec with a quantity of 240 is not medically necessary.