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| <b>Case Number:</b>   | CM14-0138045 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 07/23/2011 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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 Montana. 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 has a date of injury of 7/23/11 with diagnoses of bilateral knee pain, status post left knee surgery. She has been maintained on multiple medications including Norco, Prozac, Prilosec, Wellbutrin and Relafen. The medical records show that Prilosec 20 mg #30 was dispensed on 3/24/14 and 4/13/14. There are treatment notes indicating use of Prilosec prior to that time as well. There is no indication for any gastrointestinal side effects or complaints. The primary treating physician has requested Prilosec 20 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with

non-steroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple non-steroidal anti-inflammatory drugs. The Official Disability Guidelines state that, in general, the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records show that Prilosec has been used over a number of months but they do not indicate that the criteria for use of proton pump inhibitors is met. Additionally there is no indication in the medical records of any gastrointestinal symptoms or side effects from medication use. The request for Prilosec 20 mg #30 is not medically necessary.