

<b>Case Number:</b>	CM14-0141061		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2014

### 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:

This is a 39-year-old with a January 7, 2004 date of injury. The mechanism of injury was due to lifting 70 pounds and twisting, causing him to fall on his left shoulder and left side. The patient was most recently seen on August 14, 2014 with complaints of a 6/10 left shoulder, neck, and low back pain. The pain was mildly alleviated by pain medications and rest. The review of systems was negative for gastrointestinal, and the exam findings revealed limited range of motion of the cervical and lumbar spine. The patient's motor strength was normal for all extremities, but sensation was decreased along the left L4, L5, and S1 dermatomes. Left shoulder ROM was also limited in all planes. The patient's diagnoses included cervicalgia, neck pain, low back pain, shoulder pain, and lumbosacral neuritis. No current medications were noted, and the treatment plan included the initiation of Diclofenac 100mg daily/BIR PRN, Prilosec 20mg BID PRN #60, in addition to a home exercise program, acupuncture, and lumbar spine and left shoulder injections. Treatment to date: medications. An adverse determination was received on August 25, 2014 as there was no evidence for a proton pump inhibitor at this time due to lack of documentation of GI symptoms or treatment rendered thus far for GI symptoms, risk factors for GI bleed, in addition to the patient not being over age 65 years, and not currently on multiple/high dose NSAIDs. In addition there were no GI complaints on the review of systems. The request for Prilosec 20 gm. BID #60 was certified on September 16, 2014 as an override, no rationale was provided in the documentation for this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD (gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease, and can be used prophylactically in patients taking chronic NSAIDs. The note dated 8/14/2014 noted that the patient was to begin Diclofenac 100mg daily/BID PRN, and NSAID, as well as Prilosec 20mg BID. MTUS supports the use of a proton pump inhibitor during chronic NSAID use as this medication can be used for prophylaxes in GI event such as gastritis or an upper GI bleed. As the patient is starting chronic NSAIDS BID, the use of this medication is appropriate. In addition, a UR determination certified the request for Prilosec 20 mg BID at a later date (9/16/14) and overrode the prior decision dated 8/25/14. Thus, while Prilosec is medically reasonable in this patient, this medication has already been recently certified. Therefore, the request for Prilosec 20 mg, sixty count, is not medically necessary or appropriate.