

<b>Case Number:</b>	CM14-0145889		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 49-year-old male with a date of injury of 4/16/03. The mechanism of injury occurred when he picked up a 200-pound roll of carpet and placed it on his right shoulder. A coworker tried to help him and pulled on the carpet, twisting the injured worker's back. On 6/3/14, it was noted he has a history of GI bleed. It was also noted he increased his ibuprofen use when his other pain medications are unavailable for unclear reasons. On 8/7/14 he described pain over his entire body from the neck down to the tips of his fingers and toes. He stated he has been without his pain medications for the past 40 plus days, due to partial approval of his pain medications. As a result he has been very ill and feeling very poorly. His current meds include ibuprofen 800mg, Xanax 0.5mg, OxyContin 30mg, Percocet 10/325mg, Amitiza, Colace, and Magnesium Citrate solution. On exam he was very stiff and is not able to tolerate sitting for more than a few moments, then he needs to lie down. He uses a power scooter for mobility and was heavily dependent on his cane. He has diffused tenderness throughout his extremities and throughout his spine. He has limited range of motion in all joints, as he was going through acute withdrawal at this time. Further physical examination was deferred at this time as the patient was in obvious agony. The diagnostic impression is s/p lumbar spinal fusion, L4-S1, with subsequent removal of hardware and bilateral laminotomies, 1/2011, bilateral lower extremity radiculopathy, and s/p permanent implantation of lumbar spinal cord stimulator, 5/20/13. Treatment to date: surgery, medication management. A UR decision dated 8/19/14 denied the request for Prilosec DR 40mg #30 with 3 refills. The Prilosec was denied because according to available documentation the patient does not meet the guideline criteria for continued use of a proton pump inhibitor as he was not currently utilizing ibuprofen for pain management. A UR on 5/9/14 non-certified the most recent request for ibuprofen and the also the most recent documentation from the provider stated that the patient was not currently utilizing medication except for Percocet sporadically.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec DR 40mg, #30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter FDA Prilosec

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as: gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc. It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. The patient has been prescribed ibuprofen 800mg, which is an NSAID. Guidelines do support the use of Prilosec, a proton pump inhibitor, with concurrent NSAID use. It was also noted on 6/3/14 that the patient has a history of GI bleed. Given the patient's history of GI bleed and the use of ibuprofen, guidelines do support the use of Prilosec in this setting. On 6/3/14 it was noted that he increased his use of Ibuprofen when he ran out of his other pain medications. The patient has a history of GI bleed and should be counseled on importance of proper medication use to avoid GI occurrences in the future. Therefore, the request for Prilosec DR 40mg #30 with 3 refills was medically necessary.