

<b>Case Number:</b>	CM14-0147173		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 40-year-old who reported an injury on September 22, 2011. The mechanism of injury was not included. The diagnoses were not listed. The past treatments were not relevant. The surgical history noted an arthroscopic partial meniscectomy of the left knee on April 3, 2014. The progress note, dated August 4, 2014, noted the injured worker to have chronic left knee pain and a new subjective complaint of gastroesophageal reflux disease and constipation. The medications included Norco 10/325 mg twice a week, and naproxen 550 mg 3 times a week. The treatment plan included a prescription for Prilosec 20 mg once daily for GI distress. The progress note, dated September 8, 2014, noted the injured worker to have a subjective complaint of gastroesophageal reflux disease and noted the injured worker was using Prilosec. There was no further assessment of the gastrointestinal symptoms. The rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; regarding Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain, Proton Pump Inhibitors

**Decision rationale:** The injured worker had a subjective complaint of gastroesophageal reflux disease without further assessment of the gastrointestinal complaints. The California MTUS Guidelines recommend the use of proton pump inhibitors for patients on NSAIDs with increased risk of gastrointestinal complications. Risk factors include: age (greater than 65), history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and anticoagulants; or high dose/multiple NSAIDs. There was no assessment of the gastrointestinal risks. There was no assessment of gastrointestinal symptoms. There was no indication of the efficacy of the Prilosec. There was no indication of the frequency intended for use to determine the medical necessity. As such, the request for Prilosec 20 mg, thirty count, is not medically necessary or appropriate.