

<b>Case Number:</b>	CM14-0156694		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with an injury date of 05/03/2001. According to the 07/30/2014 progress report, the patient complains of having cervical spine pain and left shoulder pain. Upon palpation, there is tenderness over his neck and posterior shoulders. The patient rates this pain as a 6/10. The patient's diagnoses include Degenerative cervical disk disease with myofascial pain syndrome and Left rotator cuff syndrome. The utilization review determination being challenged is dated 08/21/2014. Treatment reports were provided from 01/15/2014 - 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** According to the 07/30/2014 progress report, the patient complains of having cervical spine pain and left shoulder pain. The request is for Prilosec 20 mg #60, for stomach upset. The 09/03/2014 report states, "He will not be able to take naproxen secondary to increased GI symptoms. He has tolerated the medication well. He has had some difficulty taking the nonsteroidal anti-inflammatory medications secondary to GI symptoms." The treater states that the patient has episodic GI symptoms. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treater has documented the patient's gastrointestinal symptoms as well as how the patient benefits from Prilosec. Recommendation is for authorization.