

<b>Case Number:</b>	CM14-0163859		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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:

The injured worker is a 58-year-old male, who sustained an injury on April 22, 2002. The mechanism of injury occurred when he lifted a 5 pound bucket. Diagnostics have included: April 11, 2014 CT lumbar spine reported as showing multilevel disc bulges with foraminal stenosis and facet hypertrophy. Treatments have included: lumbar decompression, medications. The current diagnoses are: chronic lumbar backache, myofascial strain, lumbar disc disease, bilateral lower extremity radiculopathy, failed back surgery syndrome. The stated purpose of the request for Prilosec OTC wild berry tablets 20mg #14 was not noted. The request for Prilosec OTC wild berry tablets 20mg #14 was denied on September 30, 2014, citing a lack of documentation of GI risk factors or GI distress symptoms. Per the report dated July 30, 2014, the treating physician noted complaints of lumbar back pain. Exam findings included restricted lumbar range of motion with tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Prilosec OTC wildberry tablets 20mg #14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Benzodiazepines, Muscle relaxants, NSAIDs, O. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web),2014, Chronic Pain - Insomnia Treatment, Non-Benzodiazepine Hypnotic

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

**Decision rationale:** The requested Prilosec OTC wild berry tablets 20mg #14, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The injured worker has lumbar back pain. The treating physician has documented restricted lumbar range of motion with tenderness. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Prilosec OTC wild berry tablets 20mg #14 is not medically necessary.