

<b>Case Number:</b>	CM14-0172875		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

According to the records made available for review, this is a 37-year-old male with a 2/7/05 date of injury, and status post L4-5 laminectomy and discectomy 6/11/12. At the time (10/15/14) of request for authorization for Prilosec 20 mg #60, there is documentation of subjective (neck pain, low back pain) and objective (decreased cervical and lumbar spine range of motion, lumbar spine tenderness, positive Braggards on the right side, 4/5 muscle strength for iliopsoas, quadriceps, hamstrings, foot flexors and extensors) findings, current diagnoses (displacement of intervertebral disc without myelopathy, probable posttraumatic hypertension, post-op lumbar spine, right sciatica, probable posttraumatic insomnia, cervicobrachial syndrome, and probable posttraumatic anxiety and depression), and treatment to date (medications (including ongoing use of Mobic 7.5 mg BID)). 9/11/14 medical report identifies that the patient will be using an NSAID or other medication which will place the patient at risk for development of gastric distress without the use of the GI protective effects of Prilosec. There is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Proton pump inhibitors (PPIs). Within the medical information available for review, there is documentation of diagnoses of displacement of intervertebral disc without myelopathy, probable posttraumatic hypertension, post-op lumbar spine, right sciatica, probable posttraumatic insomnia, cervicobrachial syndrome, and probable posttraumatic anxiety and depression. However, despite 9/11/14 medical's report documentation that the patient will be using an NSAID or other medication which will place the patient at risk for development of gastric distress without the use of the GI protective effects of Prilosec, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.