

<b>Case Number:</b>	CM14-0048659		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/14/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Practice 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:

A 53 yr. old female patient sustained a work injury on 4/14/97 involving the low back. She had developed chronic low back pain with paresthesias in the feet. A progress noted from the treating physician on 4/8/13 indicated the patient also had acid reflux and was doing well on her medications. A progress note on 1/27/14 indicated the patient had been taking Ultracet and Flexeril for pain and muscle spasms. Physical findings were only notable for tenderness in the lumbar spine and a positive leg raise. A review of the systems was positive for heartburn. An exam report on 2/27/14 indicated the patient had continued radicular pain and similar exam findings. Gastrointestinal symptoms were not mentioned. The physician had provided a month supply of Ultracet, Flexeril and Prilosec at the time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 40 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti- Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti-Inflammatory Drugs (NSAID) Pages 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. No diagnostic, specialty referral or nature, etiology of heartburn is documented. Furthermore, there is no NSAID use documented. Therefore, the continued use of Prilosec is not medically necessary.

**Prilosec 40 mg # 30 between 10/7/2013 and 4/26/2014:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Non-steroidal anti-inflammatory drugs (NSAID), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti-Inflammatory Drugs (NSAID) Pages 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. No diagnostic, specialty referral or nature, etiology of heartburn is documented. Furthermore, there is no NSAID use documented. Therefore, the continued use of Prilosec is not medically necessary.