

<b>Case Number:</b>	CM14-0093595		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/03/1999
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 60 year old male who complained of ongoing low back pain. A clinical note dated 05/23/14 indicated the initial injury occurred when he was carrying a 50 pound rollaway bed up a staircase. The injured worker reported immediate low back pain thereafter. The injured worker underwent laminectomy and discectomy at L5-S1 in 12/99 followed by six months of physical therapy and epidural series of epidural steroid injections. The most recent injection took place in 2007. The injured worker reported 60-70% improvement with the most recent injection the injured worker utilized Voltaren, Prilosec, topical creams and glucosamine. A clinical note dated 06/18/14 indicated the injured worker continuing with prescribed use of Prilosec. The utilization review dated 06/05/14 resulted in denial for Prilosec as insufficient information had been submitted confirming the injured worker being at risk for gastrointestinal events.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRILOSEC 20 MG 1 BID X 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PAHARMACOLOGICAL BASIS OF THERAPUTICS; PHYSICIANS DESK REFERENCE; EPOCRATES ONLINE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Proton pump inhibitors (PPIs).

**Decision rationale:** The request for Prilosec 20mg with 1 refill is not medically necessary. The injured worker complained of low back pain. The ongoing use of Prilosec is indicated for injured workers with who have been identified as being at risk for GI events. No information was submitted regarding the injured worker being currently at risk for any gastrointestinal events. Given this, the request is not indicated as medically necessary.