

<b>Case Number:</b>	CM14-0094588		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/08/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/09/2014
<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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old male was reportedly injured on May 8, 2005. The most recent progress note, dated May 27, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a normotensive (111/89) individual who is noted to be overweight, not in any acute distress, and has a reduced lumbar spine range of motion. Diagnostic imaging studies objectified postoperative changes and findings consistent with the surgery. Previous treatment includes multiple medications, epidural steroid injections, physical therapy, and pain management interventions. Prior to the date of injury, multiple lumbar surgeries were completed. A request had been made for Prilosec and was not certified in the pre-authorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This medication is a proton pump inhibitor useful treatment for gastroesophageal reflux disease. This is also considered a gastric protectorate for those individuals utilizing non-steroidal medications. However, the progress notes do not reflect any complaints relative to gastrointestinal distress, gastritis, or dysfunction. Furthermore, there are no physical examination findings consistent with such a pathology. Therefore, there is insufficient clinical information presented to establish the medical necessity for this medication.