

<b>Case Number:</b>	CM13-0066726		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62-year-old female, who sustained an industrial injury on 1/13/11 after tripping over a computer cable. The diagnoses have included lumbar sprain, right hip sprain, right knee sprain, right ankle sprain, lumbar radiculopathy, lumbar spinal stenosis, low back pain and lumbar disc disorder. Treatment to date has included medications, diagnostics, injections, trigger point injections, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and conservative measures. Currently, as per the physician progress note dated 11/14/13, the injured worker complains of low back pain and right hip pain going down to the knee and foot. The pain was rated 5-6/10 on pain scale. She states that any activity aggravates the pain. Physical exam of the lumbar area revealed she was ambulating with a single point cane favoring the right leg and heel and toe ambulation is painful. There was tenderness, decreased range of motion, and positive straight leg raise. The right knee exam revealed suprapatellar swelling, pain with flexion and extension, and tenderness. The right hip exam revealed tenderness, positive Patrick maneuver right side and painful range of motion. The right ankle exam revealed palpation of the right ankle was uncomfortable. The current medications noted included Soma, Prilosec and Norco. The treatment plan included referral to spine surgeon, bursa injection right trochlear and right sacroiliac joint injection. The physician noted the Prilosec was for stomach protection and to decrease the risk of gastrointestinal upset and irritation. The physician requested treatment includes PRILOSEC 20MG #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** Prilosec 20 mg #30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term uses of PPI, misoprostol, or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.