

<b>Case Number:</b>	CM14-0218675		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 sustained a work related injury on April 10, 2007, developing pain due to cumulative physical trauma. The injured worker's conservative treatments were noted to have included psychotherapy, acupuncture, stretching exercises, and oral medications. The Primary Treating Physician's visit dated October 10, 2014, noted the injured worker with complaints of low back pain, left shoulder pain, and bilateral lower extremity radiculopathy. The injured worker reported aching pain in the neck, upper back, lower back, and right knee, with the left shoulder more bothersome with overhead extension, and headaches. Physical examination was noted to show left shoulder tenderness in the acromioclavicular joint with a positive impingement sign. Examination of the lumbar spine was noted to show tenderness in the paraspinal musculature of the lumbar region, with midline tenderness, positive muscle spasms, sacroiliac tenderness on compression and sciatic nerve compression positive. The diagnoses were noted as cervical discopathy, cervical herniated nucleus pulposus and stenosis at C3-C4 and C4-C5, lumbar discopathy, plantar fasciitis, TMJ, Bruxism, periodontal problems, and problems with the facial and salivary glands, sleeping problems, major depressive disorder, right knee pain, and left shoulder impingement. A Pain Management Chronic Opioid Physician's note dated October 7, 2014, noted the injured worker taking over the counter Prilosec for GI upset. The Physician requested authorization for Prilosec 20mg #60 one capsule two times a day. On December 13, 2014, Utilization Review evaluated the request for Prilosec 20mg #60 one capsule two times a day, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the MTUS American College of Occupational and Environmental Medicine. The UR Physician noted that

there was no clear indication of the injured worker having GI risks to warrant the request for Prilosec 20mg #60 one capsule two times a day, therefore medical necessity was not established. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg #60 1 capsule 2 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, PPI (proton pump inhibitor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 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 antiplatelet use that would place the claimant at risk. The claimant had only been taking it for "GI upset." Therefore, the continued use of Prilosec is not medically necessary.