

<b>Case Number:</b>	CM14-0054230		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/03/2007
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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:

This injured worker's date of injury is 11/03/2007. Documentation of the original injury was not provided. This 68 year old patient receives treatment for chronic neck with radiation of pain to both upper extremities. The patient also has low back pain with radiation down the legs. The patient takes Celebrex, which is a COX-2 NSAID. Other medications include Tramadol, Gabapentin, and docusate. A cervical MRI on 03/24/2011 showed osteophytes and moderate foraminal stenosis on the right C5 root. An MRI of the lumbar spine on 03/24/2011 shows small degrees of disc bulging. On physical exam the patient demonstrates some reduction in the ROM of both the cervical and lumbar spine. This review focuses on whether Prilosec is medically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

**Decision rationale:** Prilosec is a PPI and may be medically indicated to treat peptic ulcer disease or to lessen the risks of GI bleeding for patients who are elevated risk for GI bleeding when taking an NSAID. The guidelines advise accessing the risk of a GI bleed when placing them on an NSAID. There is no history of a GI bleed, concurrent aspirin or steroid use, or high dose NSAID dosing. The patient is over 65 years of age, which is one risk factor. Prilosec is medically indicated.