

<b>Case Number:</b>	CM15-0010748		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old male who sustained an industrial injury on 6/14/2011. The current diagnosis is status post right shoulder arthroscopic surgery (5/11/2013). Currently, the injured worker complains of right shoulder pain. The physical examination of the right shoulder reveals tenderness over the rotator cuff muscles and greater tuberosity of the humerus. There is subacromial grinding and clicking of the right humerus. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Prilosec 20mg #60, which is now under review. In addition to Prilosec, the treatment plan included Norco, Ultram, and Cymbalta. On 12/29/2014, Utilization Review had non-certified a request for Prilosec 20mg #60. The Prilosec was non-certified based on no reported gastrointestinal symptoms. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The note by the injured worker's orthopedic surgeon (Khalid Ahmed, MD, dated Dec 8, 2014) lists "Prilosec 20 mg #60 1 tablet BID for gastritis secondary to NSAID intake" as a part of the documented treatment plan. Additionally, a note dated August 25, 2014 lists Prilosec 20 mg "for stomach acid." The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. While the provided records do not provide formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings, it is the opinion of this reviewer that the request is reasonable given the long history of the patient's musculoskeletal complaints and the risk of gastrointestinal complications with prolonged use of NSAIDs as considered by the treating physician.