

<b>Case Number:</b>	CM15-0011126		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Hawaii, California

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 64 year old male, who sustained an industrial injury on 9/2/07. He has reported bilateral shoulder, neck, lumbar, bilateral hip, right knee and right ankle pain. The diagnoses have included persistent right shoulder impingement with associated biceps tendonitis and left shoulder impingement syndrome with associated biceps tendonitis. Treatment to date has included right shoulder surgery times 3, lumbar fusion times 2, physical therapy and oral medications. Currently, the injured worker complains of bilateral shoulder, neck, lumbar, bilateral hip, right knee and right ankle pain. The progress note dated 1/5/15 does not include a physical exam. On 1/15/15 Utilization Review non-certified Prilosec OTC, noting there are no gastrointestinal complications from NSAID treatment. The MTUS, ACOEM Guidelines, was cited. On 1/21/15, the injured worker submitted an application for IMR for review of Prilosec OTC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec OTC:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical records provided indicate that the patient was 65 years old, which is a risk factor for increased gastrointestinal event according to MTUS. The records indicate that the patient is also concurrently on an NSAID. Prilosec would be an appropriate medication for patients at intermediate risk. As such, the request for prilosec OTC is medically necessary.