

<b>Case Number:</b>	CM15-0014478		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female with an industrial injury dated 12/17/2013 from repetitive activities. Her diagnoses include cervical myoligamentous injury with herniated nucleus pulposus, and bilateral upper extremity radiculopathy, lumbar herniated nucleus pulposus with left lower extremity radiculopathy, possible carpal tunnel syndrome verses nerve entrapment, and medication induced gastritis. Recent diagnostic testing has included electrodiagnostic testing of the upper extremities (03/20/2014) showing bilateral carpal tunnel syndrome, electrodiagnostic testing of the bilateral lower extremities (06/27/2014) showing L4-L5 radiculopathy, MRI of the left wrist (01/22/2014) with evidence of carpal tunnel syndrome, MRI of the cervical spine (01/2013) with abnormal findings, and MRI of the lumbar spine (12/2011) showing disc protrusion. He has been treated with medications, lumbar epidural steroid injections, trigger point injections, self-directed physical therapy, and chiropractic therapy. In a progress note dated 12/15/2014, the treating physician reports increased low pain radiating down to both lower extremities (8/10), and continued neck pain with cervicogenic headaches. The objective examination revealed tenderness to palpation of the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region, multiple trigger points and taut bands throughout, decreased range of motion, symmetrical deep tendon reflexes in the upper extremities, decreased range of motion in the lumbar spine with decreased sensation to pinprick at the L5-S1 distribution bilaterally, and positive straight leg raises on the left. No gastrointestinal complaints were noted. The treating physician is requesting Prilosec which was denied by the utilization review. On 12/31/2014, Utilization Review non-certified a prescription

for Prilosec 20mg #60, noting the recent recommendation for a change in medication to acetaminophen which was agreed upon during the agreed medical evaluation, as this medication does not result in gastrointestinal distress. The MTUS Guidelines were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of Prilosec 20mg #60.

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

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

**Prilosec 20mg#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, NSAID usage Page(s): 68.

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg quantity 60 prescription is not medically necessary.