

<b>Case Number:</b>	CM15-0017812		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old male sustained an industrial injury on 5/1/09. He subsequently reports right knee, low back and right upper extremity pain. Diagnoses include lumbar disc herniation, cervical sprain and right shoulder tendinitis. Treatment to date has included physical therapy and pain medications. On 1/26/2015, Utilization Review non-certified a request for Prilosec 20 1 QD #30 - Refill X1. The Prilosec 20 1 QD #30 - Refill X1 was denied citing Drugs.com criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 1 qd # 30, one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Prilosec 20 1 qd #30 refill x 1. The treating physician report dated 1/16/15 (231B) did not provide a rationale for the current request. A report dated 11/12/14 (131B) notes that the patient

does not have any gastrointestinal issues. The MTUS guidelines state Prilosec is recommended with precautions, "(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)." In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. Recommendation is for denial.