

<b>Case Number:</b>	CM15-0112615		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

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 55 year old female patient who sustained an industrial injury on 06/10/2008. A recent primary treating office visit dated 02/02/2015 reported the patient with subjective complaint of having unchanged symptom since the last visit. She states having ongoing pain rated a 9 in intensity out of 10. The pain is found with daily variance. Relative current medications are: Prilosec, Vicodin 7.5/500mg. She was diagnosed with severe cervical stenosis. There is mention of not all the prescribed medications with authorization and the patient's pain level has increased. There was noted recommendation to wean off from medications and therefore, the following was instructed: discontinue Morphine Sulphate IR and change down to Norco for pain management. After that gradual tapering, but first she requires medications to stabilize the pain prior to weaning process beginning. There is also discussion regarding sleeping and spasm medications needed to offer the patient significant relief from spasm and or sleep deprivation. The plan of care noted the patient continuing with Ambien, Prilosec, Thermacare, Voltaren gel, Norco 10/325mg, and soma. The patient is to remain permanent and stationary. The follow up visit dated 04/06/2015 reported the subjective complaint of having increased pain that radiates to hips accompanied by a lot of spasms. She reports still having difficulty getting medications. The plan of care involved: undergoing a magnetic resonance imaging study of cervical spine ruling out disc disease; and continue medications. An MRI taken 02/19/2015 revealed a possible tear in the right superior acetabulum labrum; along with mild articular chondromalacia of the right hip joint. This diagnosis was added to the treating diagnoses. There is recommendation for an orthopedic consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, quantity: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Prilosec 20mg, quantity: 30 is not medically necessary.