

<b>Case Number:</b>	CM15-0128344		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 48 year old male, who sustained an industrial injury on October 18, 2013. He reported a sharp pain in his abdomen. The injured worker was diagnosed as having an umbilical hernia. Treatment to date has included urine drug screen, ultrasound, surgery, laboratory tests, EKG, medication. Currently, the injured worker complains of constant moderate abdominal pain. He also reports sleep disturbance due to stress and pain. He reports occasionally waking at night due stomach acids in his mouth. The injured worker is currently diagnosed with abdominal pain and acid reflux post umbilical hernia repair. His work status is temporary total disability. A note dated May 7, 2015 states the injured worker reports improvement in his abdominal pain and acid reflux. The note also states there was education was provided to the injured worker regarding non-steroidal anti-inflammatory drugs and dietary recommendations due to his acid reflux. The medication, Prilosec 20 mg #30 is requested to continue to provide the injured worker relief from symptoms of acid reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**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 Prilosec. The PR-2 associated with the request for authorization fails to document any abnormal abdominal objective findings. There was no documentation of the patient being prescribed any NSAIDs. Prilosec 20mg #30 is not medically necessary.