

<b>Case Number:</b>	CM15-0175130		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 58 year old female who sustained an industrial injury on 07-28-2010. According to a progress report dated 07-24-2015, the injured worker reported that she had been experiencing more low back pain recently. She had been more physically active. She had been walking more in order to lose weight. She had low back pain extending down both legs. Medication regimen included Prilosec, Celebrex, Norco and Gabapentin as needed. There had been no side effects. Diagnoses included low back pain with bilateral leg paresthesias, probable bilateral L5 radiculopathies and status post decompression and fusion L5-S1 on 10-28-2013. The treatment plan included continuation of Celebrex, Norco, Prilosec and Gabapentin. She was to return in 6 weeks. According to a progress report dated 08-06-2015, the injured worker continued to have low back pain extending down both legs. She had some numbness and tingling over the legs. Pain was rated 8 on a scale of 1-10. Medication regimen included Norco, Gabapentin, Relafen, but she was not able to obtain Prilosec from the pharmacy. She continued to have an upset stomach on a consistent basis. The treatment plan included Norco and Prilosec for her reflux. She was to return in 2 months for a follow up. She remained permanent and stationary. On 08-07-2015, Utilization Review non-certified the request for Prilosec 20 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The requested Prilosec 20mg #30 is medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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 recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back pain extending down both legs. She had some numbness and tingling over the legs. Pain was rated 8 on a scale of 1-10. Medication regimen included Norco, Gabapentin, Relafen, but she was not able to obtain Prilosec from the pharmacy. She continued to have an upset stomach on a consistent basis. The treating physician has documented GI reflux symptoms necessitating PPI treatment. The criteria noted above having been met, Prilosec 20mg, #30 is medically necessary.