

<b>Case Number:</b>	CM15-0177519		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 35 year old male, who sustained an industrial injury on 8-12-2013. The injured worker is being treated for displacement lumbar intervertebral disc without myelopathy, lumbosacral neuritis or radiculitis, lumbar facet joint syndrome, psychosexual dysfunction, dysthymic disorder, and insomnia. Treatment to date has included medications; as of 6-11-2015 included Anaprox DS, Fexmid, Lunesta, Prilosec, Ultram ER, and cyclobenzaprine. Per the Primary Treating Physician's Progress Report dated 6-11-2015, the injured worker reported low back pain with radiation to the right lower extremity. He rates the pain as 8-10 out of 10 without the use of medication. Objective findings included exquisite tenderness of the lumbar spine with guarding. The notes from the doctor dated 4-29-2014 to 7-28-2015 do not document efficacy of the Prilosec, any gastrointestinal symptoms associated with the use of NSAIDs, or risk factors. The plan of care included medications and authorization was requested for Prilosec 20mg #80. On 8-27-2015, Utilization Review non-certified the request for Prilosec 20mg #80.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20mg, #60 to protect the stomach dispensed on 06/11/2015: Upheld**

**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:** According to the cited CA MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes, the injured worker is on Anaprox, but he does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the retrospective request for Prilosec 20mg #60 to protect the stomach, dispensed on 06/11/2015, is not medically necessary.