

<b>Case Number:</b>	CM15-0064357		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: 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 49 year old male, who sustained an industrial injury on 7/23/07. The injured worker was diagnosed as having lumbar myofascial sprain/strain, right knee arthritis, abdominal pain, constipation, left knee (ACL) Anterior Cruciate Ligament sprain and gastroesophageal reflux disease. Treatment to date has included anterior and posterior fusion at L5-S1, 2 arthroscopic meniscectomies, epidural injections, activity restrictions, oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of back and knee pain. Physical exam noted reduced range of motion of back and antalgic limp; tenderness is also noted along the medial joint and patella on the right. The treatment plan included Norco, Omeprazole, FCL topical cream and right knee arthroscopy. 9/23/14 endoscopy diagnosed the patient with gastritis and proton pump inhibitor treatment was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 MG #30:** Overturned

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

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

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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, 9/23/14 endoscopy diagnosed the patient with gastritis and proton pump inhibitor treatment was recommended. The request for Prilosec 20 MG #30 is medically necessary and appropriate.