

<b>Case Number:</b>	CM15-0078444		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2011. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for Prilosec. A progress note and an associated RFA form of March 3, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of low back pain, 8-9/10. The applicant reported ancillary complaints of anxiety and depression. The applicant's gastrointestinal review of systems made no mention of heartburn but was notable for constipation. Norco, Prilosec, and Robaxin were endorsed. There was, however, no mention of the applicant is having any issues with reflux, heartburn, and/or dyspepsia. On January 20, 2015, the applicant again presented with a primary complaint of low back pain. The applicant's review of systems was positive for heartburn, it was stated. Norco, Prilosec, and Robaxin were endorsed.

### 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 Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Yes, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, in the treatment of stand-alone dyspepsia, as was apparently present here on January 20, 2015. Introduction, selection, and/or ongoing usage of Prilosec were, thus, indicated in the face of the applicant's having personally reported symptoms of dyspepsia on January 20, 2015. Therefore, the request was medically necessary.