

<b>Case Number:</b>	CM13-0006174		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42-year-old male who reported a work-related injury on 11/18/2004. The patient has complained of chronic lumbar backache. The patient underwent L4-L5 and L5-S1 posterior lumbar interbody fusion in 2008. Diagnoses include lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, L3-L4 facet hypertrophy and arthropathy, cervical spine myoligamentous injury, urinary incontinence and impotence, reactionary depression/anxiety and medication-induced gastritis. Medications include OxyContin, Neurontin, Lyrica, Anaprox, Prilosec, Fexmid, Elavil and medicinal marijuana.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 dispensed on 6/4/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (2009) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors..

**Decision rationale:** The clinical note dated 09/25/2013 stated that the patient continued to complain of low back pain and continued to experience a tingling sensation in his feet. The

patient was noted to be taking Neurontin 800mg, but he felt that this had not been as effective in managing his neuropathic Final Determination Letter for IMR Case Number CM13-0006174 3 pain. The patient was also started on Lyrica 75mg twice a day, which had helped to alleviate some of his neuropathic pain. The patient also received notable benefits from Anaprox and Prilosec for his pain, ability to function and aiding of his medication-induced gastritis type symptoms. The California Medical Treatment Guidelines for Chronic Pain indicate that proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Long-term proton pump inhibitor use has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that, in general, the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Per the submitted clinical documentation for review, the patient was not noted to have objective findings or signs and symptoms of gastrointestinal distress. It was noted that he had been taking Prilosec since at least 2012. Given the above, the clinical information submitted for review does not support the continued use of Prilosec. As such, the request for Prilosec 20mg #60 dispensed on 06/04/2013 is non-certified.

**Anaprox DS 550mg #60 dispensed on 6/4/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The clinical note dated 09/25/2013 stated that the patient had recently undergone a diagnostic medial branch nerve block at bilateral L2 and L3, which provided excellent pain relief of up to 70% for 2 weeks. The patient's low back pain had returned; and on this date, he rated his pain as a 9/10. The patient stated that he eventually wanted to be detoxified of all his analgesic medications prior to being declared permanent and stationary. The patient also complained of a tingling sensation in his feet. His medications were listed as Neurontin 800mg 3 to 4 tablets a day, Lyrica 75mg twice a day, Anaprox, Prilosec and Fexmid. The California Medical Treatment Guidelines for Chronic Pain recommend non-steroidal anti-inflammatory drugs (NSAIDs) for acute exacerbations of chronic pain. They are recommended as a second-line treatment after acetaminophen. For patients with acute low back pain with sciatica, a recent review found no differences in treatment with NSAIDs versus placebos. Guidelines further recommend NSAIDs as an option for the short-term symptomatic relief of chronic low back pain. According to the submitted documentation for review, there was no evidence provided that demonstrated that the patient had been experiencing acute exacerbations of chronic pain. Furthermore, guidelines do not support the ongoing use of NSAIDs because of a high propensity for severe gastrointestinal side effects, cardiovascular side effects, and gastrointestinal bleeding, which can also be fatal. Given the above, the request for Anaprox DS 550mg #60 dispensed on 06/04/2013 is non-certified.