MAXIMUS Federal Services

| Case Number: | CM13-0054722 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/12/2007 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

## 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Texas. 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/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 50 year-old female who sustained injuries to her low back on 10/12/07. The patient is status post lumbar fusion with incomplete incorporation of the graft material. She has chronic low back pain with lower extremity radicular symptoms, and has been maintained on oral medications. Per the physical examination on 10/28/13, the patient has restricted lumbar range of motion, bilateral sensory and motor deficits in the L5 and S1 distributions, and reduced ankle reflexes bilaterally.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRAMOSONE 1-2.5% #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

**Decision rationale:** The records reflect that the patient has chronic pain associated with a failed back surgery syndrome. The California MTUS finds topical analgesics to be largely experimental. This medication is largely composed of cortisone and the records fail to provide an indication for its use. It is unclear if this medication is being prescribed for inflammation from

prescribed analgesic patches or some other condition. As such, medical necessity has not been established.

**NIZATIDINE 150MG, #60X3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR reference 2013, and www.Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The submitted clinical records indicate that the patient has chronic pain associated with a failed back surgery syndrome. Nizatidine, a H2 blocker, is clinically indicated for gastritis. The records do not indicate the presence of medication-induced gastritis. As such, there is no clinical indication for this medication, and the request is not medically necessary.

**LACTULOSE 10MG/15ML, SOLN #2X3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR reference 2013, and www.Drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** The submitted records indicate that the patient has chronic pain syndrome secondary to failed back surgery syndrome. The patient is maintained on opiate medications. A side effect of these medications is constipation due to reduced gastric motility. The records indicate the patient has been approved for Amitiza. As such, the request for Lactulose is redundant, and therefore not medically necessary.

**OMEPRAZOLE 20MG CPDR(OMEPRAZOLE) #60X3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The submitted clinical records indicate that the patient has chronic pain associated with failed back surgery syndrome. Omeprazole, a proton pump inhibitor, is clinically indicated in the presence of gastritis. The records do not indicate the presence of medication-induced gastritis. As such, there is no clinical indication for this medication, and the request is not medically necessary.