

<b>Case Number:</b>	CM14-0006053		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine 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 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:

Patient is a 34-year-old male who has submitted a claim for Complex regional pain syndrome type I, probable fibromyalgia syndrome, and myofascial pain associated with an industrial injury date of 6/1/11. Medical records from 2013 were reviewed which showed sustained pain syndrome. His pain levels have been continuously escalating. Despite opioid usage and multiple medications, he was still having 8 and 9 levels of pain. Physical examination showed tenderness on both elbows and shoulders. Range of motion of neck was restricted. There is mild to moderate central trapezius, cervical extensor and scalene musculature tension. Hoffman's test was faint. Treatment to date has included right cervical (stellate) sympathetic ganglion block. Medications taken were Percocet, Xanax, Lyrica, Gralise, Prozac, Butrans patch and Clonidine. Utilization review from 12/16/13 denied the request for Prevacid 15mg #30 because review of records did not reveal history of gastritis or maintenance on oral NSAIDs which can increase the risk of hyperacidity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREVACID 15 MG,QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use for Prevacid. Medical records do not indicate that the patient has risk factors for any gastrointestinal events. Furthermore, there is no evidence that patient is currently on multiple NSAIDs. Guidelines have not been met. Therefore, the request for Prevacid 15 mg #30 is not medically necessary.