

<b>Case Number:</b>	CM14-0141788		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain with derivative complaints of adjustment disorder and major depressive disorder reportedly associated with an industrial injury of April 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; psychological counseling; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for Prevpac (Prevacid). The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant did have a variety of complaints, including neck pain, shoulder pain, low back pain, psychological stress, and anxiety, it was noted. The remainder of the file was surveyed. There was no explicit discussion of the need for Prevpac (Prevacid), although it did not appear that the claims administrator incorporated the July 21, 2014 Request for Authorization (RFA) form on which Prevacid was seemingly sought into the Independent Medical Review packet. The applicant was, however, described as using omeprazole and Gaviscon on May 19, 2014 for gastric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for PREVAC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated in the treatment of dyspepsia, as is seemingly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has failed to furnish any rationale for introduction and/or ongoing usage of Prevacid in conjunction with another proton pump inhibitor which the applicant is using, omeprazole, although it is acknowledged that the July 21, 2014 Request for Authorization form on which Prevacid was seemingly sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.