

Case Number:	CM14-0169132		
Date Assigned:	10/17/2014	Date of Injury:	11/22/1996
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 62 year old female who had a work-related injury on 11/22/96. The injury occurred while she was employed as an RN. She was scrubbed in the OR and tried to catch a 300 pound patient who was falling off the operating room table and injured her lower back. She had the immediate onset of severe low back pain. She continued working but eventually the pain became so severe that she sought treatment and eventually underwent multiple lumbar fusion procedures which were complicated by postoperative infections. The injured worker has had caudal epidural steroid injections, left SI joint injections, bilateral SI joints injections, bilateral SI joint blocks, and left-sided S1 selective nerve root block. X-rays of the lumbar spine dated 12/12/12 it does not appear to be any movement at the previously fused segments. However, there is lucency present at the pedicle screws of L4 bilaterally. X-rays of the lumbar spine dated 05/30/12 evidence of prior surgery. With laminectomy defect at L3 and L5. There is evidence of the prior fusion from L4 to S1 with removal of the previous surgical hardware. There is a large amount of bony consolidation at the L4 to S1 segments. There is new fusion hardware from L2 to L4 with pedicle screws L2, L3, and L4 bilaterally. Halos appear to be developing around the pedicle screws at L4 which may indicate an early sign of loosening of the hardware. Current medications are Ambien, Fiorinol Lidoderm, Mobic, Norco, Prevacid, and Xanax. Most recent documentation submitted for review is dated 09/10/14, the injured worker returns today for follow up. She complains of persistent low back and lower extremity pain with poor balance and spasm. She states that her pain symptoms are worse at the moment as she is out of medication and does not have refills. She shares that her ability to function normally is severely impacted without her medication and as a result, has had to stay home in bed. She states that she is frustrated as she is trying to avoid additional surgery, which she is able to do when she has access to her medications. No physical examination documented from this date of service.

There is no documentation on this record or any other records that were reviewed today indicating that the patient has gastrointestinal problems or she is at risk of developing gastrointestinal problems. Prior utilization review on 10/01/14 was non-certified. Current request is for Prevacid Dr 30mg capsules 1 PO QD #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Prevacid Dr 30mg capsule 1 p o qd QTY: 30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basic of Therapeutics, 12th ed. McGraw Hill, 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.