

Case Number:	CM14-0044045		
Date Assigned:	07/02/2014	Date of Injury:	07/08/1993
Decision Date:	07/31/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Practice and is licensed to practice in Georgia and 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 injured worker is a 50 year old female who reported an injury on 07/08/1993 due to bending over. The injured worker had complaints of increased low back pains. The injured worker states as constant sharp, shooting, burning, achy pain that radiates to both lower extremities along the lateral and sometimes the anterior surfaces to just above the knee. The injured worker states pain was 9/10 and pain relief with medications over the past week was 20%. Past surgeries were lower lumbar fusion 1999 and lower lumbar fusion reinforcement 2001. Tenderness was in the lumbar paraspinal area, bilateral low. There was reported decreased range of motion. Medications were Avinza, Norco, Soma, Baclofen, Prevacid, Trazadone, and Neurontin. The diagnosis was post laminectomy syndrome of lumbar region. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg every night #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition. McGraw Hill, 2006; Physician's Desk Reference 68th edition, www. RXLIST.com; Official Disability Guidelines Workers' Compensation Drug Formulary, www.ogd-twc.com/odgtwc/formulary.htm.drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www. empr.com; Opioids Dose

Calculator- AMDD Agency Medical Directors' Group Dose Calculator,
www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68, 69.

Decision rationale: The California Medical Treatment Utilization Schedule states to determine if the patient is at risk for gastrointestinal events such as over 65 year old age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or on an anticoagulant, high dose NSAID. It also should be determined if patients are at intermediate risk for gastrointestinal events and no cardiovascular disease ; 1) a non-selective NSAID with either a proton pump inhibitor such as omeprazole 20mg daily or misoprotol 200 ug four times daily or 2) a COX-2 selective agent. Long term proton pump inhibitor use has been shown to increase the risk of hip fracture. The injured worker does not have a diagnosis for the requested medication. Therefore, the request for Prevacid 30mg every night #30 is not medically necessary.