

Case Number:	CM14-0055323		
Date Assigned:	07/21/2014	Date of Injury:	05/25/2011
Decision Date:	09/10/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, 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 43 year-old male with a reported date of injury on 05/25/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbosacral spondylosis without myelopathy, degenerative lumbosacral intervertebral disc, gastroesophageal reflux disease, esophagitis, and helicobacter pylori infection of the digestive tract. His previous treatments were noted to include medications and facet ablation. Progress note dated 04/28/2014 revealed the injured worker reported the aciphex trial did not work well. The medication caused his stomach to have severe cramping. The injured worker stopped the medication after 3 days. The injured worker complained of back and leg pain and stretching help reduced the pain level. His sleep quality is medium as he can fall asleep ok but once he turns on his stomach he wakes up. The injured worker would be returning back to work per his PCP. The injured worker is on Protonix and Prilosec and the low back pain was getting worse on the left again. The injured worker noted the facet ablation on the first time was the most effective. His medications were noted to include Baclofen 20 mg, 1 to 2 tablets daily as needed, Celebrex 200 mg, 1-3 times a day as needed for pain, Vicodin 5/500 mg, 1 daily as needed for pain. Physical examination revealed the injured worker was able to sit reasonably comfortable but with axial low back pain due to facet degeneration and esfacet disease and discogenic disease. The injured worker appeared to have symptoms of sacroiliac joint nerve regeneration as well as facet based pain. The progress note dated 04/21/2014 revealed the injured worker had a history of gastroesophageal reflux and work related back injuries. The injured worker reported his situation had plateaued to the point he was returning to work however he still had heartburn and gastric upset but these conditions were under control. His medications were noted to include Protonix and Prilosec. The physical examination revealed slight tenderness to the lower lumbar area. The request for authorization form was not submitted within the medical

records. The request was to continue proton pump inhibitors and continue H2 blockers; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proton pump inhibitors: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has been utilizing these medications since 12/2013. The guidelines recommend for the physician to determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. Recent studies tend to show that H Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The injured worker is taking NSAIDs as well as been diagnosed with gastroesophageal reflux disease and therefore does warrant a proton pump inhibitor. However, the request failed to provide the medication name and the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

H2 blockers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: The injured worker has been utilizing these medications since 12/2013. While routine screening for H Pylori is not indicated in patients who are about to start NSAIDs, eradication of H Pylori prior to initiation of therapy has been suggested to reduce subsequent risk of gastrointestinal ulceration. At best, consensus guidelines indicate pre-screening for H Pylori prior to starting NSAIDs treatment for gastrointestinal risk factors for ulceration. There are no clear cut guidelines for treatment of H Pylori and after initiation of NSAID treatment in this topic remains controversial. At this time, there is currently no evidence to support the routine use of a proton pump inhibitor in a patient without the gastrointestinal risk factors for ulceration who has had a history of eradicated H Pylori. A previous history of treated H Pylori without evidence of ulceration is not an indicator for either the use of a cox-2 NSAID or a proton pump inhibitor. The injured worker has a history of H Pylori and is utilizing a proton pump inhibitor as well as an H2 blocker The guidelines recommend for the physician to determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, gastrointestinal

bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDS. Recent studies tend to show that H Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The injured worker is taking NSAIDS as well as been diagnosed with gastroesophageal reflux disease and therefore does warrant an H2 blocker. However, the request failed to provide the medication name and the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.