

Case Number:	CM14-0083164		
Date Assigned:	07/21/2014	Date of Injury:	11/09/1998
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 57 year old employee with date of injury of 11/9/1998. Medical records indicate the patient is undergoing treatment for lumbosacral spine pain with degenerative disk disease; reflux; depression; cervical spine, stable; tenderness over the sciatic notch, increased pain on abduction of his right hip. Subjective complaints include tenderness over the right hand over the superior half of the palm with no paresthesias. He has chronic pain and insomnia by pain. He has intermittent numbness of the right wrist. Objective findings include pain, which he rated at a 5/10 in the lumbosacral spine. He has moderate degenerative space narrowing at L3-4 and L4-5 with mild facet sclerosis at L4-5. He also has mild facet joint sclerosis, severe degenerative disk changes with moderate end plate changes at L5-S1. Upon exam, the patient was in mild discomfort and was mildly tender of the lumbosacral spine. He had muscle tightness laterally on the right side of the musculature of the lumbosacral spine. He had positive Tinel's over the right cubital tunnel. Gait was normal. He had an x-ray on 4/10/2014 which revealed moderate degenerative disk disease with end plate changes involving the lower thoracic spine and thoracolumbar junction. Treatment has consisted of a TENS unit, Norco, Percocet, Prevacid, Cymbalta, Ambien, Vistaril, Cytotec, Robaxin and physical therapy. The utilization review determination was rendered on 5/15/2014 recommending non-certification of Prevacid 30mg #30, 4 refills for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30 mg #30, 4 refills for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg Omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, Omeprazole OTC tablets or Lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), Lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or Lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The medical documents provided establish the patient has reflux disease and the patient got relief with Prevacid. However, the treating physician discussed Cytotec as a possible replacement for Prevacid. Thus, more frequent monitoring is needed and 4 refills would not be appropriate when a medication change may occur in the near future. As such, the request Prevacid 30 mg #30, 4 refills for low back pain is not medically necessary.