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| <b>Case Number:</b>   | CM13-0034980 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 05/23/1997 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female, with a reported date of injury of 05/23/1997. The diagnoses include chronic residual cervical and lumbar spondylosis, status post decompression fusion at L4-S1, right lower extremity paresthesia, chronic low back pain, and cervical strain with radiculopathy. Treatments have included oral medications, physical therapy, and an x-ray of the lumbar spine on 08/13/2013 and 06/11/2012. The progress report dated 08/21/2013 indicates that the injured worker's condition remained stable. The injured worker complained of low back pain, altered feeling or sensation in the thigh and knee area and tops of the feet, and neck pain with occasional radiation to the left upper extremity with tingling and burning sensation. The physical examination showed mild muscle spasm and tenderness upon palpation of the paracervical muscles, crepitation heard during the range of motion of the cervical spine, moderate muscle spasm or tightness upon palpation of the paralumbar muscles, and negative straight leg raise test. The treating physician recommended changing from Omeprazole to Prevacid for stomach upset. It was noted that the injured worker took Prevacid previously and it was more beneficial than Omeprazole. On 09/13/2013, Utilization Review (UR) denied the request for Prevacid 15mg #60 two times a day, noting a lack of any clinical information and any physical examination findings. The ACOEM Guidelines, the Physician's Desk Reference, www.RxList.com, and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Medication Review for Prevacid 15mg BIB #60 for Chronic Low Back Pain, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary; Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill 2006; Physicians' Desk Reference, 65th ed; RxList.com; and on the Monthly Prescribing Reference; AMDD Agency Medical Director's Group Dose Calculator

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with low back and neck pain. The current request is for 1 medication review for Prevacid 15 mg b.i.d. #60 for chronic low back pain, as an outpatient. According to progress report dated 07/09/2013, the treating physician recommended the patient change omeprazole to Prevacid 15 mg for stomach upset. It was noted that the patient took Prevacid previously and it was more beneficial than omeprazole. The MTUS Guidelines page 69 has the following regarding PPI, recommended with caution for patient's at risk for gastric events: Where age is greater than 65, history of peptic ulcer and GI bleeding or perforation, concurrent use of ASA or corticosteroid and/or anticoagulant, high-dose/multiple NSAID. The treating physician states that the patient has stomach upset and the patient is utilizing an NSAID, but there is no documentation of dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI risk assessment. The requested Prevacid IS NOT medically necessary.