

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0184994 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 11/21/2005 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date on 11/21/05. The patient complains of increasing low lumbar pain rated 5/10, and chronic GI upset per 10/1/14 report. The patient gets moderate to good relief with hydrocodone which decreases pain by 50%, and had improved pain due to Butrans patch but also increased sleepiness, and stopped it secondary to CNS effects per 9/3/14 report. The patient underwent pool therapy with mild relief, had no relief from a TENS unit, but moderate relief from 6 recent acupuncture sessions per 9/3/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are: 1. chronic pain syndrome 2. lumbar radiculopathy (chronic) 3. lumbar post laminectomy syndrome 4. cervical radiculopathy 5. myofascial dysfunction 6. disuse syndrome 7. moderate obesity 8. hemorrhoids (needs evaluation). A physical exam on 10/1/14 showed "L-spine range of motion is limited with extension at 10 degrees." The patient's treatment history includes medications, acupuncture (6 sessions, moderate relief), TENS (no relief), pool therapy (mild relief). The treating physician is requesting prilosec. The utilization review determination being challenged is dated 10/15/14. The requesting physician provided treatment reports from 4/8/14 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for PRILOSEC on 10/1/14. Patient was taking Nexium which "helps 40% of the time" in 4/8/14 report. The patient has been taking Prilosec since 4/16/14 report, but review of reports do not indicate why patient switched from Nexium to Prilosec. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Regarding NSAIDs, GI symptoms and cardiovascular risk (Treatment of dyspepsia secondary to NSAID therapy), MTUS pg 69 states: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID (Voltaren). However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. While the treater states that patient has "chronic GI upset," there is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. There is mention of 40% efficacy with prior use of Nexium, but no documentation of the effect of Prilosec, which the patient is currently using and has been using for 5 months. The treater does not discuss why this medication should be continued. The request IS NOT medically necessary.