

Case Number:	CM14-0187149		
Date Assigned:	11/17/2014	Date of Injury:	04/10/2005
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old woman who sustained a work-related injury on April 10, 2005. Subsequently, the patient developed chronic low back and knee pain. The patient completed left L4-5 and L5-S1 facet rhizotomy/neurotomy on January 31, 2013 with 60% to 80% improvement of left-sided low back pain for approximately 3 to 4 months. The patient underwent left carpal tunnel release surgery and left knee arthroscopic surgery x2. She has received cortisone injections into the left thumb and left elbow with benefit. The patient underwent spine surgery evaluation and Dr [REDACTED] did not feel that she was a spine surgery candidate. EMG/NCV testing performed on April 13, 2006 documented chronic left L5 radiculopathy. According to a progress report dated September 23, 2014, the patient complained of low back and left knee pain. She noted aggravation of knee pain with weight bearing activities. She described a throbbing, achy, and sharp pain over the left knee. She also remained symptomatic with left-sided low back pain. She also complained of pain over the cervical spine. The patient also complained of increased headache with the decrease in Fentanyl patch. She has been experiencing increased restless in the lower extremities including nocturnal leg jerking. She also stated that the right wrist has been bothersome. Physical examination revealed tenderness in the midline cervical spine and bilateral paraspinal musculature. The patient had a positive Tinel's left elbow and right wrist and positive Phalen's o the right. The patient had myofascial tenderness, lumbosacral junction. 1+ muscle spasms. There was positive straight leg raise on the left at 45 degrees and negative on the right. She had slight decreased strength with dorsi and plantarflexion left leg and also slight decreased knee extension. There was tenderness over the left knee predominantly in the medial joint line. The patient was diagnosed with chronic left L5 radiculopathy, status post knee arthroscopy, left carpal tunnel syndrome, left greater trochanteric bursitis, depression secondary to chronic pain, acute posttraumatic sprain/strain of the cervical spine, posttraumatic chest contusions, acute

posttraumatic sprain/strain left shoulder, and status post left carpal tunnel release. The provider requested authorization for Prevacid SA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid SA 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General recommendations for NSAID usage Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Updated 07/10/14 Proton Pump Inhibitors.

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

Decision rationale: According to MTUS guidelines, Prevacid is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prevacid .There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prevacid prescription is not medically necessary.