

<b>Case Number:</b>	CM14-0195462		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, low back, knee, and hip pain reportedly associated with an industrial injury of April 10, 2005. In a Utilization Review Report dated November 3, 2014, the claims administrator partially approved a request for Prevacid as a two-month supply. The claims administrator contented that the attending provider failed to outline any evidence of reflux. Another section of the same report stated that the applicant had issues with reflux and dyspepsia for which previous usage of Prevacid had proven effective. The claims administrator stated that its decision was based on a progress note of October 24, 2014 and RFA form of October 28, 2014. In a progress note dated September 23, 2014, the applicant reported ongoing complaints of low back and left knee pain, status post recent lumbar radiofrequency rhizotomy procedure. The applicant is using Duragesic and Dilaudid for pain relief. The applicant is using Cymbalta for depression, neuropathic pain. It was stated that the applicant was using Prevacid for dyspepsia generated by medications and was also using Lyrica for neuropathic pain. The applicant was given multiple refills. The applicant's work status was not clearly outlined. In a letter dated October 14, 2014, the attending provider stated that the applicant did have preexisting acid reflux and dyspepsia which was aggravated by prior usage of NSAIDs. The attending provider went on to reiterate his request for Prevacid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid SA 30 mg # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prevacid are indicated in the treatment of NSAID-induced dyspepsia, or, by implication, the stand-alone dyspepsia seemingly present here. Ongoing use of Prevacid has attenuated the applicant's symptoms of reflux, the requesting provider has posited. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.