

Case Number:	CM14-0205429		
Date Assigned:	12/17/2014	Date of Injury:	06/20/2003
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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 patient is a 49 year old female with an injury date of 06/20/03. The 10/27/14 report states that the patient presents with pain in both sides of the jaw, bilateral shoulders and left knee with swelling in the joint. Pain radiates to the bilateral arms. Associated symptoms are listed as: Nausea, fatigue, anxiety and depression. The patient uses a cane to ambulate. The treater notes the patient has severe opioid induced dental problems with subsequent infection as well as medication related gastritis and opioid/benzodiazepine dependency. No objective findings other than vitals are provided. The patient's diagnoses include: 1. Osteoarthritis of knee 2. Knee pain 3. Psychalgia 4. Peripheral neuralgia. Prior treatment includes: Pain management orthopedist, aquatic therapy with moderate improvement and psych counseling with mild improvement. Her medical history includes: Bipolar disorder, Bowel obstruction, IBS/Gastritis, Hemorrhoids from pain medications, Insomnia, PTSD and Stomach ulcers. She is s/p left knee surgery x 5 and s/p right knee surgery. Medications are listed as Clindamycin, Levorphanol, Metronidazole, Ondansetron, Valium, Quetiapine, Antibiotics (unspecified) and Prevacid. The utilization review is dated 12/02/14. Reports were provided for review from 06/06/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid DR 30mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The patient presents with bilateral jaw, bilateral shoulder and left knee pain. The current request is for Prevacid DR 30mg #60 x 3 refills. The RFA is not included. The 12/02/14 utilization review states refills for this request are for 11/26/14 and 01/10/15. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." ODG, Pain Chapter, PPIs, state Prevacid is recommended for patient's at risk for GI events and are effective for approved indications such as gastric ulcers induced by NSAID's. The reports provided show the patient has been prescribed this medication since at least 04/29/14. The reports document medication related gastritis and a medical history of ulcers. In this case, there is no evidence the patient is prescribed an NSAID. There is no GI assessment provided. The treater repeatedly states that prescribed medications including Prevacid are reviewed; however, it is not stated how this medication is helping the patient. The request IS NOT medically necessary.