

Case Number:	CM15-0130103		
Date Assigned:	07/16/2015	Date of Injury:	03/01/1999
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Internal Medicine

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, who sustained an industrial injury on 3/1/99. She reported pain in the knees and low back. The injured worker was diagnosed as having intractable lumbar pain, lumbar radiculopathy, diffused chronic myofascial pain, history of total knee replacement on the right with chronic pain, history of left knee arthroscopic surgery with chronic pain, chronic cervical pain with radiculopathy, bilateral shoulder and elbow tendinosis, chronic headaches, depression, and anxiety. Treatment to date has included lumbar epidural steroid injections, physical therapy, acupuncture, and multiple oral medications. The injured worker had been taking Prevacid since at least 12/22/14. Currently, the injured worker complains of low back pain, neck pain, headaches, depression, and anxiety. The treating physician requested authorization for Prevacid 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

Decision rationale: Prevacid is a PPI medicine which causes acid suppression in both basal and stimulated states .It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis .Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event .It is also recommended that the lowest dose necessary of the NSAID be utilized. There is no mention in the chart about GI symptoms such as dyspepsia, ulcer symptoms, or GERD symptoms which would necessitate the use of a PPI medicine. Also, there is no use of an NSAID medicine which might need to be given with a PPI under the right clinical scenario. Therefore, the UR was correct in its determination.