

<b>Case Number:</b>	CM15-0168044		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/28/1993
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 70 year old male, who sustained an industrial injury on 1-28-93. The injured worker was diagnosed as having cellulitis buttocks; cervical sprain with radicular symptoms; chronic pain; bilateral knee pain; lumbosacral sprain with radicular symptoms; opioid dependence; recurrent infections to the lumbar spine wound status post lumbar fusion with instrumentation L4-S1; vascular insufficiency right lower extremity; perirectal abscess; bilateral scapular dyskinesia; history of obstructive sleep apnea; chronic smoker with likely COPD. Treatment to date has included status post wide lumbar decompression fusion with posterior instrumentation L4-S1 (1996); status post left knee arthroscopy (2009); physical therapy; medications. Diagnostics studies included CT scan of abdomen (6-26-15). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker was being seen for an initial internal medicine consultation-evaluation for "gastrointestinal" conditions. The provider documents the injured worker was diagnosed with gastroesophageal reflux disease but does not recall when this problem started. Currently, the provider documents the injured worker takes Prevacid in the morning and ranitidine as-needed in the evening with his heartburn and reflux relatively controlled on these medications. He still occasionally does experience reflux especially at nighttime. He also has a history of deep vein thrombosis (DVT) three times in the right leg. His first diagnosis was in 2007, which resulted in a pulmonary embolism at that time. He was treated with Xarelto for his DVT. The injured worker also report he has chronic diarrhea attributed to colitis. This is accompanied by frequent "rectal bleeding". He has been diagnosed with chronic hemorrhoids. He takes both Lomotil and Imodium in combination that helps the diarrhea. He

reports a majority of bleeding is not rectal but from a peroneal lesion-fistula. He is being seen on this day primarily for his gastrointestinal problems. He does complain of chronic low back and right leg pain and numbness. He has had a lumbar spine fusion surgery in 1996 and will defer these issues to the appropriate specialist. In these notes, under the heading "Review of Medical Records", the provider documents his "gastroesophageal reflux disease occurred because of opioid analgesic medications and probably because of emotional stress." The provider documents the injured worker has developed numerous internal medicine complications of treatment for his low back pain. He indicates the injured worker is in need of "more comprehensive care". The provider reviewed his medications and indicated Xarelto should be continued indefinitely. Prevacid is for his gastroesophageal reflux and the Lomotil and Loperamide appears to control his chronic diarrhea. He notes the injured worker is taking sulfasalazine and this medicine should be continued as well. He is taking meloxicam and this needs to be discontinued as all NSAIDs should be avoided with his diagnosis and history. The provider's treatment plan included a comprehensive multispecialty medical consultation with internal medicine and obtains a formal pulmonary function testing. The injured worker reports he has a CPAP machine but does not use it because of mask discomfort. He feels his "breathing problem improved" upon the discontinuation of Oxycontin. A Request for Authorization is dated 8-26-15. A Utilization Review letter is dated 8-20-15 and non-certification was for Prevacid 30mg #30 + 1 refill; Ranitidine 150mg #30 +1 refill and modification authorization for: Loperamide 2mg #60 +1 refill to "no refill". The Utilization Review noted requested treatment(s) were denied for not meeting the CA MTUS guidelines for Chronic Pain, pages 68-69, NSAIDS, GI symptoms and Cardiovascular risk. The provider is requesting authorization of Prevacid 30mg #30 + 1 refill; Ranitidine 150mg #30 +1 refill and Loperamide 2mg #60 +1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prevacid 30mg #30 + 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four

times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

**Ranitidine 150mg #30 +1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, ranitidine.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of GERD, gastritis, dyspepsia and peptic ulcer disease. The patient has documented dyspepsia and GERD and therefore the request is medically necessary.

**Loperamide 2mg #60 +1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, loperamide.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of diarrhea. The patient has documented diarrhea and therefore the request is medically necessary.