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| Case Number: | CM15-0185108 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 03/05/2007 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Texas, California

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:

This is a 58 year old female patient, who sustained an industrial injury on 3-05-2007. The diagnoses include low back pain with bilateral leg paresthesias, probable bilateral L5 radiculopathies, status post decompression and fusion L5-S1 on 10-28-2013, and chronic opioid pain management. Per the note dated 9-03-2015, she had complains of low back pain, not rated. She reported using Celebrex as needed for pain and "has not noticed any significant side effects". She had been utilizing Prilosec daily since spinal surgery. She vomited coffee grounds. She had endoscopy which revealed esophageal lesion and subsequent development of reflux. It was documented that reflux was "improved with Prilosec". She was also utilizing Norco approximately twice daily, without side effects, and "pain reduction is overall 50%". The treating physician documented that she was "following the four A's of chronic opioid medication management" and continued to experience reflux symptoms subsequent to her surgery. She was prescribed Celebrex, Prilosec 20mg #30, Norco, Gabapentin, and consultation and treatment with a gastroenterologist. An additional request for authorization was submitted from a different treating physician (pain management dated 8-28-2015) for medications including Celebrex, Norco, Cymbalta, Omeprazole, Cyclobenzaprine, Doc-Q-Lax, and FiberCon. Per the doctor's note dated 8-28-15 she had complaints of right upper extremity and neck and base of the skull pain. She had pain at its worst 10 out of 10 without medications and at its least at 4 out of 10 and on an average at 8 out of 10 with medications. The physical examination revealed cervical spine- tenderness to palpation and normal range of motion in flexion, extension, lateral flexion and rotation; right elbow- slightly decreased range of motion; right shoulder- slightly decreased range of motion and positive impingement; lumbar spine-slight tenderness to palpation on

right lower back; decreased grip strength with the right hand. The medications list includes gabapentin; Nalfon; celebrex; norco; cymbalta; omeprazole; cyclobenzaprine; doc-Q-lax; Fibercon; diclofenac sodium; dolgic plus orphenadrine-aspirin-caffeine and topical cream. Per the note dated 12/14/2012, patient has history of abdominal pain. Treatment to date has included cervical spinal cord stimulation; ulnar nerve decompression surgeries times two and right shoulder surgery. She has had physical therapy for this injury. On 9-16-2015, Utilization Review non-certified the requested Prilosec 20mg #30, per the request for authorization dated 9-04-2015. Her work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Overturned

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

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

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (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). Per the note dated 9-03-2015, she had complains of low back pain, not rated. She reported using Celebrex as needed for pain. She had been utilizing Prilosec daily since spinal surgery. She vomited coffee grounds. She had endoscopy which revealed a esophageal lesion and subsequent development of reflux. It was documented that reflux was "improved with Prilosec". A proton pump inhibitor like Prilosec is medically appropriate in a patient taking a NSAID with history of GI symptoms and an esophageal lesion seen on endoscopy. The request of Prilosec 20mg #30 is medically necessary.