

<b>Case Number:</b>	CM15-0202514		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/30/1996
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 55 year old male injured worker suffered an industrial injury on 9-30-1996. The diagnoses included displacement of lumbar intervertebral disc, shoulder pain, thoracolumbosacral neuritis and lumbar post-laminectomy syndrome. On 9-25-2015 the treating provider reported during the physical exam no gastric symptoms. The medications in use were Roxicodone, Ibuprofen, Skelaxin and Horizant. Prevacid had been use since at least 4-2015 without medical record evidence of risk factors that would indicate prophylactic use of this medication while using NSAID medication. There were no gastric symptoms documented in the medical records. Request for Authorization date was 9-29-2015. The Utilization Review on 10-1-2015 determined non-certification for Prevacid 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter: NSAIDs, GI symptoms and cardiovascular risk; Proton Pump Inhibitors.

**Decision rationale:** Based on ODG guidelines, the use of proton pump inhibitors as they relate to GI symptoms and risks of GI events are as follows. 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. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, the patient appears to be low risk and without any GI symptoms. He also has been on prevacid since 4/2015. There is no clear documented indications for its continued use. Therefore, based on ODG guidelines and the evidence in this case, the request for Prevacid 30 mg #30 is not medically necessary.