MAXIMUS Federal Services

Case Number:	CM15-0029572		
Date Assigned:	02/23/2015	Date of Injury:	04/10/2005
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 injured worker is a 56 year old female who sustained an industrial injury on 4/10/05. She currently complains of throbbing, achy and sharp cervical, lumbar, left knee and wrist pain. Wrist pain is accompanied by numbness and tingling. Medications are helpful in reducing pain and improving function. Medications include Fentanyl, Dilaudid, Cymbalta, Lyrica and Prevacid. Her pain level is 4/10 with medications and 9/10/10 without medications. Diagnoses include L3-4 , L4-5 disc bulges; chronic left L5 radiculoapthy; status post left knee arthroscopy (11/4/09); left carpal tunnel syndrome; left greater trochanteric bursitis; depression; acute posttraumatic chest contusion; acute posttraumatic sprain/ strain cervical spine; status post left carpal tunnel release surgery; status post repeat left knee arthroscopy (12/27/11). Treatments to date included left L4-5 and L5-S1 facet rhizotomy/ neurotomy (1/31/13) with 60-80% improvement in pain for 3-4 months; left carpal tunnel release surgery; left knee arthroscopic surgery X2; cortisone injection left thumb and elbow with benefit. Diagnostics include lumbar MRI (12/5/07); electromyography and nerve conduction study (4/3/06). In the progress note dated 1/20/15 the treating provider is requesting the injured worker continue Prevacid SA for gastrointestinal symptoms secondary to medications. On 2/2/15 Utilization Review non-certified the request for Prevacid SA citing ODG: Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid SA 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton pump inhibitors.

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 pain in cervical spine radiating to upper extremity and lumbar spine radiating to lower extremity rated at 3-6/10 with and 9-10/10 without medications. The request is for PREVACID SA 30MG. The request for authorization is dated 01/26/15. Patient is status-post left L4-L5 and L5-S1 facet rhizotomy/neurotomy 01/31/13. Patient is status-post left carpal tunnel release surgery and left knee arthroscopic surgery, date unspecified. She has received cortisone injections into the left thumb and left elbow. She has a positive Tinel's left elbow and right wrist and positive Phalen's on the right. Positive straight leg raise on the left. Patient's medications include Fentanyl, Dilaudid, Cymbalta, Prevacid, Buspirone, Benadryl and Metformin. The patient states that she may receive up to 60% improvement in pain level and 40 to 50% improvement in function. The patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Per progress report dated 01/20/15, treater's reason for the request is "gastrointestinal symptoms secondary to medication." However, the patient is not even on any oral NSAIDs. Additionally, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required my guidelines, the request IS NOT medically necessary.