

<b>Case Number:</b>	CM15-0051215		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/08/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 06/08/1998. Current diagnoses include lumbar radiculopathy, lumbar stenosis, lumbar post laminectomy syndrome, and lumbar sprain/strain. Previous treatments included medication management. Report dated 02/10/2015 noted that the injured worker presented with complaints that included bilateral low back pain and bilateral lower extremity pain, and increased spasms. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discontinue Tizanidine, prescriptions for morphine sulfate IR, Oxycontin, Robaxin, and Prevacid for industrial related gastrointestinal upset, follow up in four weeks, and activity modifications were reinforced. Disputed treatment includes Prevacid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30 mg QTY 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 06/08/1998. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar stenosis, lumbar post laminectomy syndrome, and lumbar sprain/strain. Previous treatments included medication management. The medical records provided for review do not indicate a medical necessity for Prevacid 30 mg quantity 30 with 2 refills. Prevacid is a proton pump inhibitor, which like other proton pump inhibitors is recommended by individuals at risk of gastrointestinal events who are being treated with NSAIDs. The criteria for the use of proton pump inhibitors are 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). The records indicate the injured worker is 40 years of age, he has no gastrointestinal complaints. The records indicate the injured worker does not meet the MTUS criteria for the use of proton pump inhibitors. Therefore, this request is not medically necessary.