MAXIMUS Federal Services

Case Number:	CM15-0056402		
Date Assigned:	04/02/2015	Date of Injury:	05/04/2010
Decision Date:	06/18/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, Michigan
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 44-year-old female, with a reported date of injury of 05/04/2010. The diagnoses include multilevel lumbar disc herniation and stenosis, status post posterior fusion and anterior fusion, left lower extremity radicular pain with S1 radiculopathy and weakness, chronic left ankle sprain, and chronic cervical sprain. Treatments to date have included oral medications. The progress report dated 02/02/2015 indicates that the injured worker complained of persistent pain in the neck, lower back, and left ankle. She rated her pain 7 out of 10. The neck pain was constant and worsening. The objective findings include limited cervical spine range of motion; tenderness over the bilateral cervical trapezius/paravertebral, left greater than right; decreased sensation at the bilateral C5, C6, C7, and C8; limited lumbar spine range of motion; tenderness over the bilateral lumbar paraspinals; limited left shoulder range of motion; a painful left shoulder arc; and tenderness over the left acromioclavicular joint. The treating physician requested Dexilant 60mg #30, Carafate 1 gram #120, a gastrointestinal (GI) profile, Cardiorespiratory testing, and Sudoscan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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 ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. In this RCT, omeprazole provided a statistically significantly greater acid control than lansoprazole. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), Pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. A review of the injured workers medical records that are available to me reveal a history of NSAID induced gastropathy, however the injured worker is currently no longer on NSAIDs and there is no indication that other recommended first line PPI's have failed therefore the continued use of Dexilant is not medically necessary.

Carafate 1 gm, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com website (www.drugs.com/carafate.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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 ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. In this RCT, omeprazole provided a statistically significantly greater acid control than lansoprazole. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), Pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. A review of the injured workers medical records that are available to me reveal a history of NSAID induced gastropathy, however the injured worker is currently no longer on NSAIDs and there is no indication that other recommended first line PPI's have failed therefore the continued use of Carafate is not medically necessary.

Gastrointestinal Profile: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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 ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. In this RCT, omeprazole provided a statistically significantly greater acid control than lansoprazole. In general, the use of

a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. A review of the injured workers medical records reveal that she has a history of NSAID induced gastropathy which has been managed by stopping the NSAID and treatment with a PPI, per the guidelines this is adequate management for patients at risk for gastrointestinal events, and the indication for gastrointestinal profile is not clear and therefore is not medical necessity.

Cardiorespiratory Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the MTUS, "A non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia". However a review of the injured workers medical records that are available to me do not reveal that the injured worker has cardiovascular risk factors and the request for cardio-respiratory testing is non-specific, unclear and not medically necessary.

Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information - www.ncbi.nlm.nih.gov/pmc/articles/PMC381789I.

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) / Sudomotor axon reflex test.

Decision rationale: The MTUS /ACOEM did not specifically address the use of sudoscan in the injured worker and therefore other guidelines were consulted. Per the ODG, sudomotor axon reflex test is not generally recommended as a diagnostic test for CRPS (chronic regional pain syndrome) and a review of the injured workers medical records that are available to me do not reveal a clear indication for this testing and without this information; the request is not medical necessary.