

Case Number:	CM15-0081800		
Date Assigned:	05/04/2015	Date of Injury:	08/24/1998
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: North Carolina
 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 8/24/98. He reported a neck and back injury. The injured worker was diagnosed as having failed lumbar back syndrome, muscle spasm, radiculopathy and failed cervical back syndrome. Treatment to date has included one neck surgery and 5 back surgeries, oral medications including opioids, physical therapy and home exercise program. (MRI) magnetic resonance imaging of cervical spine performed on 1/16/14 revealed a 4 mm central sub ligamentous extruded disc herniation, 3 mm central and left lateral sub ligamentous extruded disc herniation and solid cervical fusion from C4 to C6. Currently, the injured worker complains of continued pain across low back extending to hips with radiation into bilateral lower extremities right greater than left and neck pain with radiation into bilateral upper extremities to fingertips bilaterally. The injured worker states the medication combination helps take the edge off his pain allowing him to remain functional in activities of daily lifting and job duties. He continues to work full time 60-70 hours a week. Physical exam noted hypersensitivity to touch of cervical spine and guarded movement with diminished range of motion and hypersensitivity to touch of lumbar spine with pain and numbness across lumbar spine and diminished range of motion. The treatment plan included refilling of Amitriptyline, Naprosyn, Flexeril, Imitrex, Prevacid, Promethazine, Propranolol, Seroquel and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) 30mg # 60 x 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-70.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: 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. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.