

<b>Case Number:</b>	CM14-0149197		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/13/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old woman is status post (s/p) work incident approximately 4 years ago on 11/13/10 when she fell off a ladder while working as a sales associate. She was diagnosed with a vertebral compression fracture. She has low back pain and left lower extremity pain. She is appealing the 8/29/14 denial of Prilosec, Paxil, metoprolol and lisinopril. Treatment has included selective nerve root block and epidural steroid injections, and physical therapy, without relief. Medical history includes peptic ulcer disease, melanoma, high blood pressure, and migraine headaches, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, proton pump inhibitors

**Decision rationale:** A proton pump inhibitor (PPI), such as omeprazole (Prilosec) is indicated when non-steroidal anti-inflammatory drug (NSAID) medication is required in someone with elevated gastrointestinal (GI) risk, per CAMTUS, chronic pain guidelines. GI risk includes being over 65 years old, having a history of peptic ulcer, GI bleeding or perforation; having concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. Those with intermediate and high risk for gastrointestinal events should be put on a PPI. This patient gives a history of peptic ulcer disease, and is prescribed meloxicam, an NSAID. A PPI is indicated, and omeprazole is appropriate. There is no indication that a brand named product specifically is required, however, per the ODG. These guidelines state that over the counter PPIs, including omeprazole, is recommended, clinically efficient and at a cost savings. This brand-name form requested is not shown to be medically necessary, and the denial is upheld.

**Paxil 20mg for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**Decision rationale:** Per the chronic pain guidelines of the MTUS, selective serotonin reuptake inhibitors (SSRIs), such as Paxil, are not recommended as a treatment for chronic pain. They may have a role in secondary depression. SSRIs themselves have not been shown to be effective for low back pain. The denial is upheld.

**Metoprolol Succinate 50mg for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape (Metoprolol): <http://reference.medscape.com/drug/lopressor-toprol-xl-metoprolol-342360>

**Decision rationale:** Per [REDACTED], metoprolol is indicated for hypertension, acute myocardial infarction (MI) management, angina, congestive heart failure (CHF), and hyperthyroidism. Off-label uses include acute tachyarrhythmia, migraine and atrial fibrillation/flutter or supraventricular tachycardia (SVT). It is not indicated in the management of low back pain. The denial is upheld.

**Lisinopril 40mg for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape (lisinopril): <http://reference.medscape.com/drug/prinivil-zestril-lisinopril-342321>

**Decision rationale:** Per [REDACTED] Lisinopril is indicated in acute MI management, hypertension, and heart failure. Off-label use includes management of diabetic nephropathy. It is not indicated for chronic pain management, specifically low back pain. The denial is upheld.