

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0171775 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/19/1991 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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:

The patient is a 55-year-old female with date of injury of 10/19/1991. The listed diagnosis per [REDACTED] from 09/15/2014 is lumbar disk herniation at L5-S1. According to this report, the only prescription that was approved for the patient was meloxicam. Omeprazole does not help her stomach pains. Pantoprazole was helping but was not approved. She still complains of low back pains which are occasionally severe. She has not been able to get new medications. The examination shows lumbar spasms with tightness upon straight leg raising. Achilles reflexes are decreased compared to patellar tendon reflex. Flexion at the waist is at 50 degrees. The patient is currently on light duty. The documents include PR-2s from 02/24/2014 to 09/15/2014. The utilization review denied the request on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nexium 40mg, #30 with 5 refills: Upheld

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

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

Decision rationale: This patient presents with low back pain. The treater is requesting Nexium 40 mg quantity 30 with 5 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high dose multiple NSAIDs. The records show that the patient was prescribed Nexium on 09/15/2014. However, the patient has been prescribed PPIs since 02/24/2014. The 09/15/2014 report notes, "Omeprazole does not help her stomach pains. Pantoprazole was helping but was not approved." The treater does not discuss gastrointestinal events despite the use of NSAIDs. While PPIs in conjunction with NSAIDs is reasonable, the treater does not discuss any medication-induced gastrointestinal events. 1 prescription of Nexium 40mg, #30 with 5 refills is not medically necessary.

1 prescription of Ranitidine 150mg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p [11 references]

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on NSAID, GI symptoms, and cardiovascular risks Page(s): 68,69.

Decision rationale: This patient presents with low back pain. The treater is requesting ranitidine 150 mg quantity 30 with 3 refills. The MTUS Guidelines page 68 and 69 on NSAID, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleed or perforation; concurrent use of ASA or corticosteroids, and anticoagulants; high dose multiple NSAIDs. The records show that the patient has been prescribed PPIs since 02/24/2014. The treater does not discuss gastrointestinal events despite the use of NSAIDs. While PPIs in conjunction with NSAIDs is reasonable, the treater does not discuss any medication-induced gastrointestinal events. Therefore, 1 prescription of Ranitidine 150mg, #30 with 5 refills is not medically necessary.