

Case Number:	CM15-0114107		
Date Assigned:	06/22/2015	Date of Injury:	09/14/1998
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year-old male, who sustained an injury on 09/14/98. He reported constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp. There is radiation of pain into the lower extremities, right greater than left, with numbness, weakness, and foot drop. The patient's pain is worsening and on a scale of 1 to 10, the pain is an 8. He has bowel and bladder incontinence. The injured worker was diagnosed as having lumbago, and right ankle sprain with Achilles tendon injury. Treatment to date has included L5-S1 Lumbar arthrodesis, anti-inflammatory medication, narcotic pain medication, muscle relaxant medication, and upset stomach medication. Currently, the injured worker complains of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp with radiation of pain into the right lower extremity with numbness and tingling; there is weakness and foot drop. The pain is unchanged and an 8 out of a 10 pain scale. In a progress noted dated 04/15/15 the treating provider reports there is paravertebral muscle tenderness with spasm. Standing flexion and extension are guarded and restricted. Treatment recommendations include continuation of medication treatment with the addition of Prevacid 30mg (lansopazole delayed release capsules) to protect the stomach and prevent any gastrointestinal complications. Date of Utilization Review: 06/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) Delayed-Release capsules 30mg #120 12 hour as needed:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is documentation of age as a risk factor as the patient was 65 years old at the time of this disputed request. The patient is also documented to be on a non-selective NSAID, nabumetone. With this risk factor, it is appropriate to prophylax with a PPI. Note that the CA MTUS, which takes precedence over all other guidelines, does not specifically tier the various PPIs, and thus any PPI should be allowed provided that it is warranted. This request is medically necessary.