

Case Number:	CM15-0122384		
Date Assigned:	07/06/2015	Date of Injury:	02/18/2000
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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, California
 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 female, who sustained an industrial injury on February 18, 2000. Treatment to date has included opioid pain medications, assistive devices, anti-depressant medications, and diagnostic imaging. Currently, the injured worker is evaluated for chronic musculoskeletal pain, body pain, depression and migraines. On physical examination the injured worker has regular heart rate and rhythm and her lungs are clear. She has a soft abdomen and her bowel sounds are positive. She has a normal motor examination and her gait is within normal limits. She has restricted movements of the lumbar spine and she walks with a walker. The diagnoses associated with the request include thoracic or lumbosacral neuritis or radiculitis and chronic pain syndrome. The treatment plan includes Cymbalta, Norco, Ritalin, Librax, Flector patch, Imitrex and Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg, 1 qd quantity 30 refills 3: 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 PPI and NSAID Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prevacid is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant does have irritable bowel and an unspecified blood disorder but bleeding risk is not identified. Therefore, the continued use of Prevacid is not medically necessary.