

Case Number:	CM15-0122387		
Date Assigned:	07/06/2015	Date of Injury:	08/19/2006
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 41 year old male who sustained an industrial injury on 08/19/2006 resulting in pain/injury to the low back. Treatment provided to date has included: lumbar spine fusion surgery (20); spinal cord stimulator trial (2014); physical therapy; lumbar injections with no significant benefit; medications (Percocet, MS Contin, Lyrica, Cymbalta, Prilosec, Colace); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2010) showing an annular fissure at L4-5 with dorsal disc bulging and central disc protrusions, mild spinal canal narrowing, and bilateral minimal inferior neural foraminal narrowing. There were no noted co-morbidities or other dates of injury noted. On 05/28/2015, physician progress report noted complaints of low back pain and leg pain with weakness and numbness in the lower extremities. The pain was rated 8/10 in severity, and was described as constant, uncomfortable, cramping and burning. Additional complaints included worsening foot pain and neuropathy, and difficulty sleeping. Current medications include Percocet; MS Contin 20mg once daily which provides 8-9 hours of pain relief, Lyrica one capsule at bedtime which helps to manage the neuropathy, and pins/needles sensations; Cymbalta one capsule daily which helps with anxiety and to manage the neuropathy, and pins/needles sensations; Colace 100mg one capsule 2 times daily as needed for the control of constipation; and omeprazole (Prilosec) one capsule twice daily for controlling upset stomach and acid reflux. The clinical records show that the injured worker has been taking these medications for more than 6 months with an ongoing and consistent pain severity rating of 8/10. The physical exam revealed mild axial tenderness to the lumbar spine; lumbar range of motion described as "stiffness"; positive pelvic tilt test (right lower than left);

tenderness to the sacroiliac joints; limited motor strength in the bilateral lower extremities; and sensory loss in both feet. The provider noted diagnoses of failed back surgery syndrome, bilateral lumbar radiculopathy, peripheral neuropathy, failed spinal cord stimulator trial, heart burn and constipation. Plan of care includes continued current medications and follow-up in 30 days. The injured worker's work status remained disabled. The request for authorization and IMR (independent medical review) includes: omeprazole 20mg #60 and Lyrica 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg #60: Upheld

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

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

Decision rationale: According to the California MTUS (2009), omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Although, it is reported that the PPI (omeprazole) helps prevent/control acid reflux and upset stomach, and there is a diagnosis of heartburn, there is no documentation indicating that this patient has any of the GI risk factors or significant symptoms to support the use of omeprazole. Based on the available information provided for review, there is no evidence that the patient is being maintained on NSAIDs; is 65 or older; has a history of peptic ulcer disease, GI bleeding, or perforation; or is currently exhibiting concurrent use of aspirin, corticosteroids, and/or anticoagulants. The medical necessity for omeprazole (Prilosec) has not been established. The request for 1 prescription of Omeprazole 20mg #60 is not medically necessary.

1 prescription of Lyrica 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. In this case, the injured worker has been taking Lyrica, in addition to narcotic analgesics,

for more than 6 months with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED). Medical necessity for Lyrica has not been established. The request for 1 prescription of Lyrica 200mg #30 is not medically necessary per guidelines.