

Case Number:	CM13-0031369		
Date Assigned:	12/04/2013	Date of Injury:	08/20/2002
Decision Date:	02/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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. MADE” paragraph: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 had an injury on 8/20/2002. Patient now has persistent low back pain as well as knee pain. She has pain more in the right knee status post total knee replacement with changes in weather. She is noticing more arthritis. She has difficulty when she holds anything for a period of time and that causes increasing back pain. She walks with a cane. She is also using gym and doing some stretching which she notices helps significantly. Norco gives her good pain relief. Patient has no history of hypertension, diabetes, kidney stones, thyroid, and liver disease. Examination during the doctor visit on 10/12/12, patient was found to have tenderness along the lumbar paraspinal muscles bilaterally. She was able to squat halfway, with crepitation in knees. Knee flexion was 100 degrees and extension was 175 degrees bilaterally. The patient had weakness to quadriceps, knee flexion, and knee extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Prilosec 20 mg, QTY 60, dispensed on 8/1/2013: 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 NSAIDS, GI Symptoms, and Cardiovascular Disease Page(s): 68.

Decision rationale: Guidelines recommend physicians determine first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose of naproxen is the preferred choice of NSAID medication. Additionally, confirmation that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses is appropriate. According to the physician report of September 5, 2013, the physician states that the patient takes multiple medications and anti-inflammatories that "can upset her stomach." However, there is no clear indication that the patient is actually suffering from upset stomach as a result of her medications. Her review of systems did not reveal any gastrointestinal complaints related to medications. Omeperazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking two NSAIDs which can cause GI distress symptoms; therefore the medical necessity for this GI protective medication has been established. Since NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, the previous UR reviewer modified the quantity to Omeprazole 20 mg #30 from Omeprazole 20mg #60; therefore the request for Omeprazole 20mg, Qty 60 is not medically necessary.

retrospective request for Acetadryl, QTY 50, dispensed on 8/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, and McNeil PPC for Benadryl. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Pain and Medline Plus.

Decision rationale: Acetadryl: Active ingredients Acetaminophen 500 mg and Diphenhydramine HCl 25 mg is dispensed for sleep. ODG Guidelines recommend against the use of sedating antihistamines due to frequency of adverse effects and rapid loss of efficacy. There is no scientific evidence of efficacy of the combination over and above the individual ingredient. On 01/14/2014 FDA recommended health care professionals discontinue prescribing and dispensing prescription combination drug products that contain more than 325 milligrams (mg) of acetaminophen per tablet, capsule or other dosage unit. There is no available data to show that taking more than 325 mg of acetaminophen per dosage unit provides additional benefit that outweighs the added risks for liver injury. Further, limiting the amount of acetaminophen per dosage unit will reduce the risk of severe liver injury from inadvertent acetaminophen overdose, which can lead to liver failure, liver transplant, and death. This patient is being prescribed Acetadryl, which is a combination of acetaminophen and Diphenhydramine. The patient is also being prescribed Norco, which contains acetaminophen. It would not be advisable to prescribe the patient 2 medications both containing acetaminophen as the patient could easily exceed the recommended daily dosage, thus leading to liver problems. Therefore the request for Acetadryl is not medically necessary.

