

<b>Case Number:</b>	CM13-0067847		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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. 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 63 year old female who was injured on 12/13/2003. The mechanism of injury is unknown. Prior treatment history has included physical therapy, chiropractic treatment, knee injections, exercise/gym program and medications. Medication history includes Vicodin, Ibuprofen and Aspirin which irritated her stomach for several years. PR2 dated 12/04/2013 documented the patient to have complaints of continued ongoing pain and discomfort in her bilateral knees. She is also complaining of headaches due to her sharp neck pain. The pain frequently radiated to the bilateral shoulders with associated burning sensation. She reported clicking of her shoulders with circular motions. The pain is increased in severity from her last visit. She stated her wrist and thumb pain was increasing. Her bilateral middle back is increasing in severity with burning pain. The patient has numbness on reaching out with the arms. Objective findings on exam revealed tenderness, spasm and pain with all range of motion, cervical spine. There is decreased sensation to light touch, cervical spine, bilateral; approximately 50% restricted range of motion which is very painful; resisted motion is painful, bilateral shoulders; anterolateral tenderness, bilateral shoulders; positive impingement signs, bilateral shoulders; loss of grip strength bilateral wrists/hands; tenderness to light touch, bilateral elbows; positive Tinel's test; tenderness, spasm, and restricted range of motion, lumbar spine; pain with patellar compression, bilateral knees; joint line tenderness, bilateral knees; diagnostic findings; pain is radiating to the front part of her left foot; pain is in the lower back on the left side; pain is in the lower back on the left side; and decrease sensation to light touch, lumbar spine. The patient diagnoses include: 1. Fibromyalgia 2. Cervical spondylosis and myofascial pain 3. Cervical radiculopathy secondary to disc protrusion at the C4 through C6 levels 4. Bilateral cubital syndrome 5. Bilateral carpal tunnel syndrome 6. Lumbar spondylosis and

myofascial pain 7. Bilateral shoulders sprain/strain syndrome 8. Bilateral wrists sprain/strain syndrome 9. SLAP and tear, right shoulder 10. Impingement, bilateral shoulders 11. Bilateral knee sprain/strain syndrome 12. Bilateral knee pain 13. There is a 2.2 x 1.8 cm distal femoral enchondroma causing pain 14. Depression and anxiety 15. Weight gain secondary to her injuries, medication and immobility 40 +BMI 16. Sleep disruption 17. Constipation/Gastrointestinal upset 18. Headache The patient's treatment plan is Motrin 800 mg #90 1 tab p.o. t.i.d. and Protonix 40 mg, #60 1 tab p.o. b.i.d.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ninety (90) Motrin 800 mg with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** For treatment with NSAIDs, the guidelines recommend the lowest effective dosage for the shortest period of time. For mild to moderate pain levels, the guidelines support 400mg po every 4-6 hours as needed. The dosage of 800mg three times per day (2400 mg) does not exceed safe dosage limits. The guidelines state dosages of 1200 to 3200 may be recommended for osteoarthritis, however, patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. The medical records demonstrate the employee has been maintained on Motrin 800 mg. There does not appear to be documentation of any negative side effects or problems with use of this NSAID. Based on the employee's complaints and objective findings, Motrin would appear appropriate. However, medication use should be monitored by the treating physician, and the evidence-based guidelines do not support providing excessive refills, beyond one-month supply.

**Sixty (60) Protonix 40 mg with 5 refills: 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; NSAIDs, specific drug list & adverse effects Page(s):.

**Decision rationale:** According to the guidelines, proton pump inhibitors, such as Omeprazole, are recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records demonstrate potential risk factors are present in the case of this employee. Although it is noted that other PPIs, such as Protonix, should be considered

second-line therapy, the employee has been maintained on this PPI without indication of negative side-effects, and continuing Protonix would be reasonable. However, the requested 5 refills is not supported by the evidence based guidelines, and therefore would not be recommended.