

<b>Case Number:</b>	CM14-0134518		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 47 year old man with a date of injury of 1/29/08. He was seen by his primary treating physician on 7/8/14 with complaints of neck, mid and low back and bilateral knee pain. The accompanying physical exam sheets are not located in the records. His diagnoses were cervical spine sprain/strain and disc displacement with radicular syndrome of upper limbs, thoracic spine strain/sprain and lumbar spine strain/sprain with disc displacement and radicular syndrome of lower limbs, chondromalacia patella knee, sprain knee/leg and tear medial meniscus knee. The following medications were recommended are at issue in this review: tylenol #3, motrin, prilosec. Length of prior therapy is not documented in the note but these all appear to be refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This 47 year old injured worker has chronic back pain with an injury sustained in 2008. His medical course has included use of several medications including opioids and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of Tylenol #3 is not substantiated in the records. Therefore the request is not medically necessary.

**Motrin 800mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

**Decision rationale:** This 47 year old injured worker has chronic back pain with an injury sustained in 2008. His medical course has included use of several medications including opioids and NSAIDs. NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of motrin is not substantiated in the records. Therefore the request is not medically necessary.

**Prilosec:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

**Decision rationale:** This 47 year old injured worker has chronic back pain with an injury sustained in 2008. His medical course has included use of several medications including opioids and NSAIDs. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that he meets these criteria or is at high risk. Therefore the request is not medically necessary.