MAXIMUS Federal Services

Case Number:	CM14-0150244		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2013
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Management, 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 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 49 year old male with a date of injury on 6/18/2013. X-ray records of the left elbow, right elbow, right knee, and left knee dated 3/4/2014 revealed negative results. X-rays of the thoracic spine noted negative findings. X-rays of the lumbar spine revealed left list of the lower thoracic and lumbar spine. Records dated 4/1/2014 documents that the injured worker complained of pain in the thoracic spine rated 2/10, lumbar spine rated 4/10, bilateral elbow pain rated at 3/10. and bilateral knee pain rated 4/10. He described his pain as constant with no radicular symptoms. Pain was increased with sitting, standing and walking for more than 30 minutes as well as bending and lifting. On examination, tenderness was noted over the thoracic and lumbar paravertebral muscles. Range of motion was decreased with pain.Most recent records dated 8/7/2014 documents that the injured worker complained of constant pain and stiffness to both elbows with numbness and tingling in both arms. He also complained of constant pain and stiffness in his low back radiating down the legs with numbness and tingling sensation in both legs. He also presented complaints of constant pain and stiffness to both knees, with locking and giving way. Left elbow examination noted tenderness over the lateral epicondyle. Range of motion was limited. Pain was noted with resisted extension of the left wrist. Right elbow examination noted tenderness over the lateral epicondyle. Range of motion was limited in all planes. Pain was noted on the right elbow with resisted extension of the right wrist. Muscle strength was Grade 4/5 in both upper extremities. Lumbar spine examination noted tenderness over the paraspinous region with spasms noted. Range of motion was limited in all planes. Straight leg raise test were positive bilaterally at 50 degrees in both sitting and supine positions. Bilateral knees examination noted tenderness over the medial and lateral joint lines. Range of motion was limited. McMurray's was positive on the right. Pain was noted to varus and valgus stressing. Sensation was decreased in the bilateral lower extremities. He is diagnosed with (a)

lateral epicondylitis, bilateral elbows; (b) lumbar spine sprain and strain with possible associated discopathy; (c) clinical bilateral lower extremity radiculopathy; and (d) bilateral knee sprain and strain with possible derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Guidelines generally indicate that anti-inflammatory medications may not be warranted in the long-term if there is no documentation of a significant decrease in pain levels as well as significant functional improvements including objective findings. In this case, records dated 4/1/2014 indicate the following pain rating scales thoracic spine rated 2/10, lumbar spine rated 4/10, bilateral elbow pain rated at 3/10. and bilateral knee pain rated 4/10 and has been utilizing Anaprox in the past. However most recent records fail to provide quantified pain measurement scores which can be used to compare the baseline information and the injured worker's response due to prolonged used. Also, there is no evidence of significant functional improvements. Therefore, the medical necessity of the requested Anaprox 550mg #60 is not established.

Axid 150mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to evidence-based guidelines the injured worker is required to be determined if he or she is at risk for gastrointestinal events due to chronic medication use including non-steroidal anti-inflammatory drugs. Guidelines state the following criteria: (a) age > 65 years, (b) history of peptic ulcer, gastrointestinal bleeding or perforation; (c) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs. The requested Axid (nizatidine) is a medication that is used to decrease the amount of stomach acid that the stomach produces. It is also used to treat ulcers in the stomach and intestines as well as heartburn and erosive esophagitis caused by gastroesophageal reflux disease. In this case, the documentations failed to provide evidence that the injured worker is at risk for gastrointestinal events. Clinical presentation does not meet the above presented criteria and there is no documentation of any gastrointestinal events related to chronic use of non-

steroidal anti-inflammatory drugs specifically Anaprox. Therefore, the medical necessity of the requested Axid 150mg #70 is not established.