MAXIMUS Federal Services

Case Number:	CM14-0153391		
Date Assigned:	09/23/2014	Date of Injury:	08/17/2012
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year old male with a work injury dated 8/17/12. The diagnoses include cervical sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, spondylosis without myelopathy, spondylolisthesis, shoulder impingement, and knee tendinitis/bursitis. Under consideration is a request for Anaprox 550mg #60 with 5 refills and Prilosec 20mg #60 with 5 refills.There is a primary treating physician report dated 8/7/14 that states that the patient is still complaining of pain. the provider states that that the patient will continue with the home Exercises; Anaprox 550 mg as well as Prilosec 20 mg twice a day, Ultram 150 mg extended release twice a day is being requested, Five refills are also being requested to avoid the necessity to continuously as per utilization reviewer. There is an 11/1/13 physical exam that states that the patient continues to complain of left sided knee pain with weakness. He has difficulty with his daily activities along with difficulty with prolonged periods of sitting. standing, walking, and stair climbing as well as lifting. pushing. pulling, squatting and stooping, He has difficulty with sleeping and has awakened due to the pain and discomfort. Loss of motor strength in the left knee is noted to be graded 4/5. He describes popping, clicking, and instability in the left knee. He was already provided with intraarticular injection; however, the above did not provide him significant pain relief. He has been unresponsive to conservative treatment along with oral pain medications since the pain medications only provide him temporary pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Naproxen (Naprosyn) Pain outcomes and endpoints Page(s): 8, 22, 73.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Although Anaprox is considered useful by the MTUS for arthritis, the request for 5 refills is not appropriate as the MTUS recommends more frequent assessment for appropriateness of continued use of medications. The request therefore for Anaprox 550mg #60 with 5 refills is not medically necessary.

Prilosec 20mg #60 with 5 refills: 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): 69.

Decision rationale: There is no history that the patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Therefore the request is not medically necessary.