MAXIMUS Federal Services

Case Number:	CM14-0164077		
Date Assigned:	10/08/2014	Date of Injury:	09/18/2002
Decision Date:	11/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 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:

There were 440 pages provided for this review. This is a retrospective review for Anaprox DS (double strength) 550 mg number 60, and Prilosec 20 mg number 60 that were dispensed on September 22. The application for independent medical review was signed on October 6, 2014. There was a peer review from September 30, 2014. Per the records provided, the claimant was injured in 2002. She had mild cervical dystonia, cervicogenic headaches, reactionary depression, C6-C7 pseudo-arthritis and Bell's palsy. There was neck pain with associated cervicogenic headaches. The neck pain and headaches were not as intense as they were before she received Botox injection. She believes a facet rhizotomy was beneficial. Current medicines include MS Contin, Roxicodone, Valium, Prilosec, Anaprox, nasal spray and LidoPro. There was tenderness to palpation in the posterior cervical musculature bilaterally. There was decreased sensation over the posterior lateral arms and forearms bilaterally. An EMG showed bilateral C4 and C5 chronic radiculopathy as well as mild carpal tunnel syndrome. An MRI of the cervical spine showed a 2 mm disc protrusion at C4-C5. There was a central protrusion with central stenosis and a mild degree of left foraminal narrowing at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified.

Retro Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.