

<b>Case Number:</b>	CM14-0041515		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has submitted a claim for cervical sprain/strain, right shoulder tendinitis/bursitis, right wrist tendinitis/bursitis, right hand sprain/strain, lumbar spine sprain/strain, hip sprain/strain, ankle sprain/strain, and feet sprain/strain associated with an industrial injury date of 08/24/2010. Medical records from 07/12/2013 to 06/10/2014 were reviewed and showed that patient complained of chronic cervical, lumbar, right shoulder, elbow, and hand, bilateral ankle, and feet pain (pain grade was not made available) . Physical examination of the cervical spine revealed tenderness, spasm, and guarding of the paravertebral muscles with decreased cervical spine ROM. There was numbness over C6-7 dermatomal distribution over bilateral upper extremities. Physical examination of the lumbar spine revealed tenderness over the paravertebral muscles with spasm and guarding. There was decreased sensation over S1 dermatomal distribution. Impingement sign was positive over the right shoulder. Tenderness over lateral epicondyle was noted. Treatment to date has included trigger thumb release, physical therapy, and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age 65 years or grater, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Prilosec 20mg #30 since 03/03/2014. There was documentation of gastrointestinal disturbances such as heartburn and cramping (04/03/2014). The medical necessity for Prilosec has been established. Therefore, the request for Prilosec 20mg Qty 30 is medically necessary.

**Relafen 750mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Relafen 750 mg since 03/03/2014. There was no documentation of pain relief or functional improvement with Relafen use. The long-term use of Relafen is not in conjunction with guidelines recommendation. It is unclear as to why variance from the guidelines is necessary. Therefore, the request for Relafen 750mg Qty 60 is not medically necessary.