

Case Number:	CM14-0061842		
Date Assigned:	07/09/2014	Date of Injury:	09/23/1996
Decision Date:	11/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Interventional Spine, 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 patient is a 64-year-old male with a date of injury of 09/23/1996. The listed diagnoses per [REDACTED] are 1. Bilateral carpal tunnel with secondary chronic discomfort in both wrists. 2. Lumbar degenerative disk disease. 3. Cervical disk disease. 4. Ankylosing spondylitis. 5. Right shoulder injury. 6. Work-related injury to right elbow. 7. Work-related injury to right knee with evidence of tear of the lateral meniscus. 8. Reflux disease secondary to nonsteroidal anti-inflammatory drugs. According to progress, report 04/21/2014, the patient presents with continued painful wrists, neck, back, and knee pain. The patient's medication regimen includes Ibuprofen 800 Mg and Prilosec 40 Mg. Examination revealed limited range of motion in the neck with right and left lateral rotation and limited extension on flexion. Shoulders had some pain on range of motion. There was crepitus noted with range of motion of the bilateral knees with decreased range of motion. It was noted the patient is significantly disabled due to his Arthropathy. This is a request for Colcrys tab 0.6 mg #30 and Omeprazole 40 mg #90. Utilization review denied the request on 04/25/2014. The medical file provided for review includes one progress report from 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colcrys Tab 0.6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.colcrys.com (Colcrys)

Decision rationale: This patient presents with wrists, neck, back, and knee pain. This is a request for Colcrys tab 0.6 mg #30. The medical file provided for review includes one progress report. There is no discussion regarding this medication. The ACOEM, MTUS, and ODG Guidelines do not discuss this medication. www.colcrys.com states, "Colcrys is an FDA-approved medication shown to reduce the pain of gout flares in some patients when taken at the first sign of a flare. Plus, it also may help prevent gout flares in patients starting a medicine to lower uric acid levels." The treating physician provides no rationale for this medication. He does not discuss gout pain in this patient. It is unclear how this medication would relieve patient's wrists, neck, back, and shoulder injuries. Given the lack of discussion regarding this medication or diagnosis that could substantiate the current request, recommendation is for denial.

Omeprazole Cap 40mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with wrists, neck, back, and knee pain. The treater is requesting a refill of Omeprazole 40 mg #90 to "cover the side effects of Ibuprofen." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the patient has been taking ibuprofen 800 mg on a long-term basis. The treater in his report 04/21/2014 indicates that the patient has reflux disease secondary to NSAID use. Utilization review denied the request stating that there is no documentation or rationale of the requested medication. Given the patient's long-term use of NSAID and reflux disease, recommendation is for approval.