

Case Number:	CM14-0083116		
Date Assigned:	07/30/2014	Date of Injury:	12/15/2001
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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 Illinois. 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:

This is a 56-year-old man with a date of injury of 12/15/2001. Since then, he experiences chronic low back pain and knee pain. He describes the knee pain as 4-7/10 and back pain as 4/10. He states his heartburn and stomach irritation have diminished since he began Pepcid. Current medications include Prilosec, Ibuprofen, and Tylenol #3. An exam was notable for severe tenderness with light percussion over the right cerebrovascular accidents, mild diffuse tenderness over the right anterior knee and over the lumbosacral spine, decreased lumbar motion, pain with rotation and dysesthesia over the right calf. His diagnoses include medication-induced gastro-esophageal reflux disease, reflex sympathetic dystrophy of lower limb, chronic pain syndrome, knee osteoarthritis, thoracic or lumbosacral intervertebral disc protrusion, myalgia and myositis, and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal Function panel test.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: This injured worker has been taking ibuprofen for pain. Per Chronic Pain Medical Treatment Guidelines, the use of non-steroidal anti-inflammatory drugs (NSAIDs) may compromise renal function. The following is the suggested routine monitoring: Package inserts for non-steroidal anti-inflammatory drugs recommend periodic lab monitoring of a complete blood count and chemistry profile, which includes renal function tests. Therefore, a separate renal function panel test is not medically necessary.

Hepatic Function panel blood test.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: This worker has been taking ibuprofen for pain. Per Chronic Pain Medical Treatment Guidelines, the use of non-steroidal anti-inflammatory drugs (NSAIDs) may compromise renal function. The package inserts for non-steroidal anti-inflammatory drugs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver testing). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Since a chemistry profile has been authorized, there is no medical documentation of abnormal liver transaminases that need to be followed up. Furthermore, since the interval of repeating lab tests after this treatment duration has not been established, this request is not medically necessary.

Tylenol #3 #30 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: Tylenol #3 is acetaminophen/codeine. Per Chronic Pain Medical Treatment Guidelines regarding the criteria for use of opioids states that reasonable alternatives to treatment should have been tried. This worker has chronic muscular pain that has been treated with ibuprofen. Aside from longstanding use of Tylenol #3, there is no medical documentation to support continued use if the worker obtains functional relief with ibuprofen. Additionally, guidelines support discontinuation if there is no ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: Current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the worker's response to treatment. None of

this documentation is provided. Therefore, Tylenol #3 #30 with 3 refills is not medically necessary.

Pepcid 20mg #30 with 3 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): 68.

Decision rationale: The injured worker is said to have had decrease of heartburn and stomach issues after starting Pepcid. Per Chronic Pain Medical Treatment Guidelines, those at risk for gastrointestinal events without cardiac disease are recommended to take a non-selective non-steroidal anti-inflammatory drug with a proton-pump inhibitor or misoprostol, a Cox-2 selective agent, or a Cox-2 selective agent plus a proton-pump inhibitor. Pepcid is an H2-blocker, which is not addressed in guidelines. The worker is already taking Omeprazole for gastrointestinal protection, which is supported. Therefore, Pepcid 20mg #30 with 3 refills is not medically necessary.

Ibuprofen 600mg #120 with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The injured worker has chronic low back pain and knee pain. Per Chronic Pain Medical Treatment Guidelines, a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic low back pain with precautions. Therefore, Ibuprofen 600mg #120 with 3 refills is medically necessary.

Prilosec 20mg #30 with 3 refills.: Overturned

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: The injured worker has medication-induced gastro-esophageal reflux disease. Per Chronic Pain Medical Treatment Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drugs with either a proton pump inhibitor, for example, 20 mg

omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. The injured worker has medication-induced gastro-esophageal reflux disease. The guidelines recommend this medication for workers at intermediate risk for gastrointestinal events and no cardiovascular disease. Therefore, Prilosec 20mg #30 with 3 refills is medically necessary.

DSS 250mg #90 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dorn S, Lembo A, Cremonini F. Opioid-Induced Bowel Dysfunction: Epidemiology, Pathophysiology, Diagnosis, and Initial Therapeutic Approach. *Am J Gastroenterol.* 2014 Sep 10;2(1):31-37. Costilla VC, Foxx-Orenstein AE. Constipation in Adults: Diagnosis and Management. *Curr Treat Options Gastroenterol.* 2014 Jul 12.

Decision rationale: In the absence of any injured worker information noting that he is having problems with constipation, 250 mg docusate sodium stool softener (DSS 250mg #90 with 3 refills) is not considered medically necessary.

Senna 8.6mg #120 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dorn S, Lembo A, Cremonini F. Opioid-Induced Bowel Dysfunction: Epidemiology, Pathophysiology, Diagnosis, and Initial Therapeutic Approach. *Am J Gastroenterol.* 2014 Sep 10;2(1):31-37. Costilla VC, Foxx-Orenstein AE. Constipation in Adults: Diagnosis and Management. *Curr Treat Options Gastroenterol.* 2014 Jul 12.

Decision rationale: In the absence of any injured worker information noting that he is having problems with constipation, Senna 8.6mg #120 with 3 refills is not considered medically necessary.