MAXIMUS Federal Services

Case Number:	CM14-0089896		
Date Assigned:	07/23/2014	Date of Injury:	09/10/2009
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal 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:

The injured worker is a 56 year old male who suffered an industrial injury in 2009. He has had low back anterior fusion surgery and cervical discectomy and fusion surgery. His current symptoms include bilateral knee pain, minimal back pain and left shoulder pain. On examination, He has limited range of motion of the cervical spine and left shoulder. Grip strength is normal. Sensory examination in bilateral upper extremities is normal. With respect to knees, he has crepitus with normal range of motion but no abnormality of meniscal examination. Lower back examination reveals limited range of motion and diminished right L3-L4 sensation on the right. Vascular examination in upper and lower extremities is normal. Wrist and hand examinations bilaterally are normal. The patient is reported to have had a Qualified Medical Evaluation (QME) during which gastrointestinal (GI) upset was noted but no other data regarding this is available. The patient reported that he had "bone on bone" arthritis in the knees and he walked with a limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 5/1/14)- Anaprox DS 550mg, #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter - Chronic Pain, page(s) 814.

Decision rationale: The patient clearly has chronic pain. This classifies as a diagnosis of chronic persistent pain per the American College of Occupational and Environmental Medicine (ACOEM) classification, where pain continues beyond the period of healing and/or the extent of pain far exceeds the tissue pathology that underlies the pain. In addition, the patient reports pain in the knees bilaterally that is osteoarthritic in origin although a component of chronic persistent pain is possible. This is not further evaluated in the physician documentation. Non-steroidal anti-inflammatory drugs (NSAID's) are recommended by the California Medical Treatment Utilization Schedule (MTUS) for acute management of osteoarthritis but there is no recommendation relating to chronic persistent pain per se. ACOEM addresses the role of NSAID for the management of chronic persistent pain and endorses it with a Grade B recommendation. As such, the request is medically necessary.

Retrospective (DOS: 5/1/14)- Prilosec 20mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Risk for gastrointestinal events Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions Subsection - NSAIDs, GI symptoms and cardiovascular risk Page(s): 68 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Reference - BS Anand et al. Endoscopy 31;215 (1999).

Decision rationale: The patient is not over 65 years, does not have dual non-steroidal anti-inflammatory drugs (NSAID) therapy, is not on corticosteroids, has no history of peptic ulcer and has been reported to have gastrointestinal (GI) intolerance with NSAID in the past. However, in the last six months of reviewed records, the provider has not mentioned Gastrointestinal (GI) symptoms as being the cause of continued Proton-pump inhibitors (PPI) therapy. Dyspepsia due to NSAID is addressed by the California Medical Treatment Utilization Schedule (MTUS) and their recommendation is to switch to another NSAID or possibly use PPI. However, long term PPI use in the absence of a trial of medications or attempts to determine the underlying diagnosis can be hazardous. As such, continuing PPI therapy indefinitely without an attempt to wean and perform diagnostic studies in case of recurrence is not appropriate. Therefore, the request is not medically necessary. See references noted above.