

Case Number:	CM14-0094719		
Date Assigned:	09/15/2014	Date of Injury:	05/14/2012
Decision Date:	10/30/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 patient is an injured worker with chronic back pain. Date of injury was 05/14/2012. The progress report dated 5/19/14 documented subjective complaints of lumbago and sciatic symptoms in his lower extremities. Objective findings were documented. There was tenderness to palpation overlying the bilateral scapulae and extending into bilateral rhomboid regions. There was tenderness to palpation in the lower lumbar spine and bilateral lumbar paraspinal regions. Seated straight-leg raise was negative bilaterally. Range of motion was decreased. Diagnoses were chronic back pain, sciatica, and lumbar degenerative disc disease. Medications included Amitriptyline, Neurontin, Tramadol, Motrin 600, and Zantac. The patient underwent neurosurgical consultation on 12/17/12. The neurosurgeon felt that surgery was an option for the patient, but recommended conservative treatment with physical therapy, as well as possible epidural or facet blocks for the patient. The patient underwent an MRI of his lumbar spine on 10/15/12 which demonstrated disc and spinal abnormalities. Utilization review determination date was 6/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, NSAIDs (Nonsteroidal anti-inflammat. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for back conditions. Medical records document the diagnoses of chronic back pain, lumbago, sciatica, and lumbar degenerative disc disease. ACOEM guidelines support the use of Motrin, which is an NSAID, for the patient's conditions. Therefore, the request for Motrin 600mg #60 with 2 refills is medically necessary.

Zantac gel dose 150mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, and on <http://www.rxlist.com/zantec-drug.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology, Guidelines for Prevention of NSAID-Related Ulcer Complications

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. MTUS does not address Ranitidine (Zantac). American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. Economic modeling suggests that co-therapy with an H2RA may be a cost-effective strategy for prevention of ulcer bleeding in NSAID users. Medical records document the use of prescription Motrin (NSAID) which is a gastrointestinal risk factor. Zantac (Ranitidine) is a histamine-2-receptor antagonist (H2RA). The use of Zantac with NSAIDs is supported by the American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009). Therefore, the request for Zantac gel dose 150mg #60 with 2 refills is medically necessary.