

Case Number:	CM14-0095905		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2013
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 61 year old with an injury date on 1/4/12. Patient complains of continued total body pain (back, neck, shoulder/upper arm, wrist, and knee), chronic fatigue, and problems sleeping per 5/16/14 report. Patient also states acid reflux, diabetes, and hypertension have improved significantly per 5/29/14 report. Based on the 5/29/14 progress report provided by [REDACTED] the diagnoses are: 1. Acid reflux, rule out ulcer/anatomical alternation 2. Diabetes mellitus, triggered/aggravated by work-related injury 3. Hypertension, rule out industrial causation vs. aggravation. Exam on 5/16/14 showed "bilateral shoulder tenderness, cervical tenderness, normal neurologic examination. No new joint swelling." [REDACTED] is requesting Norco 5/325mg #60 (retrospective 3/25/2014), Anaprox DS 350mg #60, and Prilosec 20mg #30. The utilization review determination being challenged is dated 6/17/14 and denies request for Prilosec due to no current gastrointestinal complaint. [REDACTED] is the requesting provider, and he provided treatment reports from 11/15/13 to 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, Quantity 60 (Retrospective between 3/25/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 76-78.

Decision rationale: This patient presents with total body pain. The provider has asked for Anaprox DS 350mg #60 on 5/29/14. Patient has been taking Flurbiprofen since 11/15/13 and Voltaren since 4/23/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient is already taking 2 NSAIDs and provider does not provide a useful discussion regarding the request for a 3rd NSAID. There would be no indication for using multiple NSAIDs, unless some were ineffective and new ones are tried. There is no discussion regarding efficacy of these medications and no pain/function improvements. Recommendation is for denial.

Anaprox DS 350mg, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatories Page(s): 22.

Decision rationale: This patient presents with total body pain. The provider has asked for Anaprox DS 350mg #60 on 5/29/14. Patient has been taking Flurbiprofen since 11/15/13 and Voltaren since 4/23/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient is already taking 2 NSAIDs and provider does not provide a useful discussion regarding the request for a 3rd NSAID. There would be no indication for using multiple NSAIDs, unless some were ineffective and new ones are tried. There is no discussion regarding efficacy of these medications and no pain/function improvements. Recommendation is for denial.

Prilosec 20mg, Quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with total body pain. The treater has asked for prilosec 20mg #30 on 5/29/14. Patient has been taking Prilosec since 4/23/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications include 2 NSAIDs. The patient does have a diagnosis of acid reflux, which is improving per 5/16/14 report. In this case, the patient does have documentation GI issues and the requested Prilosec does appear to be medically necessary for this patient at this time. Recommendation is for authorization.

