

<b>Case Number:</b>	CM14-0099080		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 was injured on 4/26/2013. The diagnoses are neck, low back, mid back, bilateral upper extremities and lower extremities pain. The MRI of the lumbar spine showed degenerative disc disease, disc bulges and neural foraminal stenosis. The past surgery history is significant for right ankle surgery. On 5/21/2014, [REDACTED] noted objective findings of decreased sensation along the right L4 and L5 dermatomes, decreased range of motion of multiple affected joints and tenderness or paraspinal muscles. The 5/8/2014 UDS was consistent with prescribed tramadol medication. The patient is waiting for scheduling for MRI of the lumbar spine and knee, PT and EMG/NCS. The medications are Motrin, tramadol and topical cream for pain and Prilosec for the prevention of NSAIDs associated gastritis. A Utilization Review determination was rendered on 6/13/2014 recommending non certification for Motrin 800mg #60, Prilosec 20mg bid #60 and Flur-Diclo 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg 1 po bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records indicate that the patient is utilizing multiple NSAIDs. There is increased risk of NSAIDs induced gastritis. The criterion for the use of Prilosec 20mg BID #60 was met. Therefore the request is medically necessary.

**Flur-Diclo 120 gram #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (updated 05/15/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal side effects. The risk is significantly increased when multiple NSAIDs are being utilized. The chronic use of topical NSAIDs is associated with the development of decreased efficacy. The records indicate that the patient is utilizing multiple NSAIDs medication in both oral and topical formulations. It is more efficacious to utilize oral medication to treat pain that is located in multiple skeletal regions. The guidelines support topical NSAIDs for treatment of pain that is localized to single small to medium sized joints not the spine. The criteria for the use of Flurbiprofen -Diclofenac 120g was not met and is therefore not medically necessary.

**Motrin 800mg 1 po bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal side effects. The risk is significantly increased when multiple NSAIDs are being utilized. The chronic use of topical NSAIDs is associated with the development of decreased efficacy. The records indicate that the patient is utilizing multiple NSAIDs medication in both oral and topical formulations. It is more

efficacious to utilize oral medication to treat pain that is located in multiple skeletal regions. The criterion for the use of Motrin 800mg #60 was met. The request is medically necessary.