

<b>Case Number:</b>	CM14-0182124		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, generalized anxiety disorder, and major depressive disorder reportedly associated with an industrial injury of January 20, 2009. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for Prilosec, Salonpas patches, and Motrin. The claims administrator alluded to progress notes in RFA forms dated July 7, 2014 and October 1, 2014 in its denial. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 24, 2014, the applicant reported persistent complaints of low back pain with a visibly antalgic gait. The note was very difficult to follow and not entirely legible. On May 26, 2014, the applicant again reported persistent complaints of low back pain. The note, once again, was extremely difficult to follow, at times illegible, and did not contain any discussion of medication selection or medication efficacy. In an October 1, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was apparently appealing previously denied lumbar spine surgery. Salonpas, Prilosec, and Motrin were endorsed. A supervised weight loss program was sought. The applicant was given a cane. The applicant was placed off of work, on total temporary disability. The applicant was status post earlier shoulder surgery, status post earlier knee surgery, status post earlier elbow surgery, it was acknowledged. No discussion of medication efficacy transpired on this date. On August 25, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was asked to continue Motrin and Salonpas, again without any explicit discussion of medication selection or medication efficacy. On April 15, 2014, the applicant was again given a prescription for Salonpas patches and placed off of work, on total temporary disability, owing to multifocal complaints of knee, elbow, low back, and foot pain with derivative complaints of psychological stress and sleep disturbance. The applicant reportedly had adequate amounts of Motrin and

Ultracet, it was acknowledged. There was no explicit mention of any issues with reflux, heartburn, or dyspepsia on any of the progress notes referenced above.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20 mg 1 cap twice per day # 60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic; Functional Restoration Approach to Chronic M.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia on multiple progress notes, referenced above. It was not clearly stated for what purpose Prilosec was being employed. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider did not clearly state for what purpose Prilosec was being employed and/or whether or not it was effective or not. Therefore, the request is not medically necessary.

**Salompas # 1 apply as directed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic; Functional Restoration Approach to Chronic Pain Management section Pa.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Salompas are recommended in the chronic pain context present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporates some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. Ongoing usage of Salompas has failed to curtail the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Salompas. Therefore, the request is not medically necessary.

**Motrin 600 mg 1 tab daily # 60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management s.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Motrin. Ongoing usage of Motrin has failed to curtail the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Motrin. Therefore, the request is not medically necessary.