

Case Number:	CM14-0184584		
Date Assigned:	12/12/2014	Date of Injury:	03/03/2014
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family 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:

This is a 38 year old male who sustained an injury on 03/03/2014. The current diagnoses include lumbar spine radiculopathy status post right lower extremity fracture with intramedullary rod placement of the tibia. He sustained the injury when he lost balance and fell. Per the doctor's note dated 10/02/2014, he had complaints of low back pain with radiation to the buttocks and back of his thighs to the feet with tingling and numbness in his feet; right knee pain, right ankle pain, anxiety, stress, depression, sleep disturbances and gastrointestinal discomfort. Physical examination revealed antalgic gait, lumbar spine- spasm, tenderness, decreased sensation over the right L5 dermatomes, loss of motion of right knee and ankle, well healed incision over the right knee, medial and lateral joint line tenderness over the right knee and positive Mc Murray on the right side; tenderness over the right ankle and foot. The medications list includes Relafen, Norflex, Tramadol and Prilosec. He has had electro-diagnostic study dated 4/19/2014 which revealed mild left L3, mild left L4 and moderate right S1 SPF attenuation consistent with radiculopathy, L4 and S1 have chronic component, right L 1 irritation probably due to spasm; CT scan of the right lower extremity. His surgical history includes hernia repair and surgery for right lower extremity fracture. He has had physical therapy visits for this injury. He has had urine drug screen dated 9/19/2014 which was positive for Hydrocodone and Hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22 and 67.

Decision rationale: Relafen is an NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had complaints of chronic low back pain, right knee pain and right ankle pain. NSAIDs are considered first line treatment for pain. The request of Relafen 750mg #60 with 5 refills is medically appropriate and necessary for this patient.

Prilosec 20mg #30 with 5 refills: Overturned

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

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

Decision rationale: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Per the records provided patient is having gastrointestinal discomfort with medications. Patient is also taking NSAID- Relafen. The request for Prilosec 20mg #30 with 5 refills is medically appropriate and necessary for this patient.