

<b>Case Number:</b>	CM15-0005626		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 injured worker is a 51 year old male, who sustained an industrial injury on August 29, 2011. His diagnoses include bilateral carpal tunnel syndrome, right shoulder musculoligamentous injury, status post right shoulder arthroscopy, status post right knee arthroscopy, and cervical spine musculoligamentous injury with degenerative disc disease. He has been treated with postsurgical physical therapy, home exercise program, cervical epidural steroid injection, trigger point injections, and pain, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On November 26, 2014, his treating physician reports the injured worker continues to complain of ongoing debilitating neck pain with associated cervicogenic headaches and radicular symptoms of the right upper extremity. The injured worker's gastrointestinal complaints have lessened while on the proton pump inhibitor medication. The physical exam revealed tenderness to palpation with increased muscle rigidity of the posterior cervical musculature. There were numerous trigger points were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, medial scapular region, and bilateral suboccipital regions. The cervical range of motion was moderate decreased with obvious muscle guarding. Bilateral upper extremities deep tendon reflexes and motor strength were normal. The Wartenberg pinprick wheel was decrease along the bilateral forearm. Tinel's sign was positive at the right wrist. There was mild decreased range of motion of the right shoulder, decreased sensation in the ulnar distribution from the elbow to 4th and 5th fingers, and decreased grip strength. The right knee was tender along the medial lateral joint line, with mid soft tissue

swelling. There was crepitus with range of motion and negative for collateral laxity and anterior or posterior Drawer's sign. The treatment plan includes refills of the pain, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On December 8, 2014 Utilization Review non-certified a retrospective prescription for Prilosec 20mg BID PRN (twice a day as needed) #60 and a retrospective prescription for Anaprox DS 550mg BID PRN (twice a day as needed) #60. The Prilosec was non-certified based on lack of documentation of improvement of gastrointestinal symptoms. The Anaprox was non-certified based on lack of documentation of significant change in visual analogue scale score, pain relief, or objective improvement in function. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

#### **Retrospective request for Prilosec 20 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

**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 Pain (Chronic), NSAIDS, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. The treating physician has not met many of the guidelines above. As such, the request for Retrospective request for Prilosec 20 mg #60 is not medically necessary.

#### **Retrospective request for Anaprox DS 550 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic), Naproxen, NSAIDS (non-steroidal anti-inflammatory drugs)

**Decision rationale:** MTUS recommends NSAIDS for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for

initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." Medical records do not indicate evidence of osteoarthritis. Additionally, this patient is being treated for medication induced gastritis. Guidelines recommend the use of NSAIDS at the lowest dose for the shortest period of time, it is unclear how long this patient has been taking Anaprox, but this patient's date of injury was in 2011. The treating physician has not provided documentation of functional improvement with this medication. As such, the request for Anaprox DS 550 mg #60 is not medically necessary at this time.