

Case Number:	CM15-0008312		
Date Assigned:	01/26/2015	Date of Injury:	01/22/2014
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male who sustained an industrial injury on 01/22/2014. He has continued neck, low back, shoulder and left ankle pain. Diagnoses include cervicgia, and left foot, ankle joint pain. He has constant neck pain worse with moving head in any directions. Pain wakes him up at night and pain is rated at 7/10 scale. And he has tingling in the left upper extremity. On examination there is severe hypo mobility. His left ankle has a slight degree of weakness and pain is rated at 6-7 out of 10. Range of motion of the cervical spine is active extension 50 degrees and active flexion is 75 degrees. He has an abnormal gait pattern and decreased dorsiflexion during heel strike. Treatment has included medications, physical therapy and a Transcutaneous Electrical Nerve Stimulation Unit. The medications listed are Fenoprofen, Omeprazole and Lunesta. The patient had previously utilized Relafen early in 2014 and only OTC Tylenol in September 2014. The treating provider has requested retrospective (DOS: 11/29/14) prescription of Fenoprofen Calcium 400mg, #60, and Retrospective (DOS: 11/29/14): prescription of Omeprazole 20mg, #60. On 12/15/2015 Utilization Review non certified the request for retrospective (DOS: 11/29/14) prescription of Fenoprofen Calcium 400mg, #60 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/24/2014 Utilization Review non-certified the request for retrospective (DOS: 11/29/14): prescription of Omeprazole 20mg, #60, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 11/29/14) prescription of Fenoprofen Calcium 400mg, #60: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for short term treatments of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of gastrointestinal, cardiac and renal complications. The records indicate that the patient had utilized first line NSAIDs and later only OTC Tylenol. There is no documentation of failure of first line NSAIDs that are associated with less adverse effects before the change to second line Fenoprofen. It is recommended that the use of NSAIDs be limited to the lowest possible dose for the shortest duration. The criteria for the use of Fenoprofen calcium 400mg #60 DOS 11/29/2014 was not met.

Retrospective (DOS: 11/29/14): prescription of Omeprazole 20mg, #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 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter NSAIDs. Proton Pump Inhibitors

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal complications. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The guidelines recommend that proton pump inhibitors can be utilized in the elderly and patient with a history of GI bleed or gastric disease. The records did not show that the patient met these criteria for prophylactic use of proton pump inhibitors. The criteria for the use of Omeprazole 20mg #60 was not met.