

Case Number:	CM15-0009000		
Date Assigned:	01/27/2015	Date of Injury:	02/04/2001
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 with an industrial injury dated 02/04/2001. His diagnoses include chronic left ankle pain with post traumatic arthritis and status post arthroscopic surgery, chronic right knee pain status post arthroscopic surgery x3, chronic low back pain, lumbar HNP at L4-L5 with radiculopathy, and left knee pain with meniscal tear. Recent diagnostic testing has included a urine drug screening (09/30/2014), MRI of the left knee (10/13/2014) showing a meniscal tear, x-rays of the right knee (10/01/2013) showing no bony injury with mild to moderate degeneration changes, and a MRI of the lumbar spine (10/26/201) showing multilevel degenerative changes, disc protrusion with impingement on the origin of the nerve root, and moderate focal central canal stenosis. He has been treated with non-steroid anti-inflammatory drugs, Zantac and opioid pain medications for more than a year. In a progress note dated 12/02/2014, the treating physician reports intermittent radiating low back, bilateral knee and left ankle pain with a pain rating of 7/10, despite treatment. The injured worker noted that Norco reduces pain by more than 50%. The objective examination revealed a slow antalgic gait, mild tenderness over the paraspinal muscles with limited range of motion, limited right knee range of motion and tenderness to palpation, mildly limited range of motion in the left ankle, and sensation to the lateral aspect of the right thigh and posterior calf. The treating physician is requesting Naprosyn and Zantac which were denied/modified by the utilization review. On 12/15/2014, Utilization Review non-certified a prescription for Naprosyn 500mg #60 with 2 refills, noting the lack of benefit from Naprosyn, the lack of laboratory testing, and the non-recommended long term use. The MTUS Guidelines were cited. On 12/15/2014, Utilization

Review modified a prescription for Zantac 150mg #60 to approval for Zantac 150mg #60 with no refills, noting the denial of Naprosyn (for which the Zantac was being used) and the non-recommended long term use. The MTUS Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Naprosyn 500mg #60 with 2 refills, and Zantac 150mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 with 2 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, although there was some limited reporting on this medication helping to reduce his pain, there was no submitted documentation showing he had tried to reduce the dose over time. Chronic use of Naprosyn is not recommended considering its significant long-term side effects, and therefore without evidence of previous efforts to reduce or eliminate this medication, the Naprosyn will be considered medically unnecessary.

Zantac 150mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H-2 blocker in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he was using the Zantac, reportedly, for the purpose of reducing heartburn related to his Naprosyn use. There was no evidence to suggest that this worker was at an elevated risk for gastrointestinal events to warrant chronic use of Zantac. Also, since it is of

the opinion of the reviewer that the Naprosyn is not recommended to be continued anyway, the wouldn't be a need for Zantac. Therefore, the Zantac will be considered medically unnecessary.