

<b>Case Number:</b>	CM15-0181385		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, California  
 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:

This is a 56-year-old female patient, who sustained an industrial injury on 10-15-2007. The diagnoses include chronic neck pain; cervical myofascial pain; right cervical facet pain; low back pain; lumbar spondylosis; lumbar degenerative disc disease; right C5 radiculopathy; rule out left lumbar facet pain; and bilateral sacroiliac joint pain. Per the progress report from the treating physician, dated 08-11-2015 and 6/30/15, she had complaints of increased pain in her lower back; neck pain bilaterally and left sided hip-low back pain. The physical examination revealed gait with slight favoring of the left leg; mild right cervical facet joint tenderness; mild to moderate pain with right cervical extension and rotation; trigger point over the left thoracic paraspinal region; tenderness over the left lumbar facet joint; left sided pain with lumbar extension and rotation; tenderness over the bilateral sacroiliac joint, left greater than right; Faber's positive on the left; and tenderness at the bilateral greater trochanters and the left piriformis muscle. The medications list includes Norco, Tramadol, Nabumetone, Flector Patch, and Aciphex. She takes Nabumetone and Flector patches for pain relief and Aciphex for gastric protection from the non-steroidal anti-inflammatories. She has had lumbar spine MRI on 12/9/2008 and cervical spine MRI on 10/7/2013. She has had cervical radiofrequency medial branch neurotomy, lumbar medial branch blocks, physical therapy, and home exercise program for this injury. She had left lumbar medial branch blocks done on 07-07-2015 and has had nearly 100% relief for more than one day. She has had many physical therapy visits; uses heat and ice, but these do not help much. The treatment plan has included the request for retro Nabumetone 500mg #60 with 1 refill; and retro Aciphex 20mg #60 with 1 refill. The original utilization

review, dated 08-21-2015, non-certified a request for retro Nabumetone 500mg #60 with 1 refill; and retro Aciphex 20mg #60 with 1 refill.

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

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

**Retro Nabumetone 500mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Retro Nabumetone 500mg #60 with 1 refill. Nabumetone is a 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." According to the records provided patient has had lower back; neck pain bilaterally and left sided hip pain. She has objective findings on the physical examination-gait with slight favoring of the left leg; mild right cervical facet joint tenderness; mild to moderate pain with right cervical extension and rotation; trigger point over the left thoracic paraspinal region; tenderness over the left lumbar facet joint; left sided pain with lumbar extension and rotation; tenderness over the bilateral sacroiliac joint, left greater than right; Faber's positive on the left; and tenderness at the bilateral greater trochanters and the left piriformis muscle. NSAIDs are considered first line treatment for pain and inflammation. The request for Retro Nabumetone 500mg #60 with 1 refill is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.

**Retro Aciphex 20mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Retro Aciphex 20mg #60 with 1 refill. Prilosec contains omeprazole, which 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)." There is no evidence in the records if the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Retro Aciphex 20mg #60 with 1 refill is not medically necessary for this patient.

