

<b>Case Number:</b>	CM15-0183771		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on 01-08-2010. The injured worker work status as of 01-19-2015 was to "return in three weeks". Medical records indicated that the injured worker is undergoing treatment for status post posterior lumbar interbody fusion (10-08-2014), status post left knee arthroscopic surgery with anterior cruciate ligament reconstruction (09-27-2012), thoracic spine sprain-strain, anxiety and depression, insomnia, and symptoms of gastritis. Treatment and diagnostics to date has included lumbar spine surgery and medications. In the most recent progress note dated 01-19-2015, the injured worker reported that her lumbar spine is "feeling better", "slight discomfort and small amount of draining on her incision", and "increase pain on her tailbone". Objective findings included incision healing well and ambulating with the aid of a walker. The Utilization Review with a decision date of 08-17-2015 denied the request for Motrin 800mg #90 with 2 refills, Zantac 300mg #30 with 2 refills, and Prilosec #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90 with 2 refills:** 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.

**Decision rationale:** Based on the 01/05/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L4-L4 fusion on 10/23/14, and left knee arthroscopy 09/27/12. The request is for Motrin 800mg #90 with 2 refills. RFA with the request not provided. Patient's diagnosis on 11/16/14 includes chronic lumbar spine pain, multiple drug intolerances and history of diverticulitis. Diagnosis on 01/05/15 includes thoracic spine strain/sprain, anxiety and depression, insomnia, and symptoms of gastritis. The patient ambulates with the aid of a walker. Physical examination on 01/05/15 revealed "incision healing, still has a small hole with some discharge." Treatment to date has included surgical intervention and medications. Patient's medications include Prilosec and Zantac. Patient's work status not provided. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not discuss the request. It appears this medication is being initiated. Treater has not had the opportunity to document medication efficacy. According to diagnosis on 11/16/14, the patient has a history of multiple drug intolerance. In this case, the patient is post-operative and continues with pain. The request for Motrin appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Zantac 300mg #30 with 2 refills:** 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): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on the 01/05/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L4-L4 fusion on 10/23/14, and left knee arthroscopy 09/27/12. The request is for Zantac 300mg #30 with 2 refills. RFA with the request not provided. Patient's diagnosis on 11/16/14 includes chronic lumbar spine pain, multiple drug intolerances and history of diverticulitis. Diagnosis on 01/05/15 includes thoracic spine strain/sprain, anxiety and depression, insomnia, and symptoms of gastritis. The patient ambulates with the aid of a walker. Physical examination on 01/05/15 revealed "incision healing, still has a small hole with some discharge." Treatment to date has included surgical intervention and medications. Patient's medications include Prilosec and Zantac. Patient's work status not provided. MTUS guidelines page 70 under NSAIDs, specific drug list & adverse effects recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS

Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Zantac has been included in patient's medications per 01/05/15 report. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. In this case, treater has documented that the patient has a history of diverticulitis and symptoms of gastritis. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

**Prilosec #30 with 2 refills:** 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): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Based on the 01/05/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post L4-L4 fusion on 10/23/14, and left knee arthroscopy 09/27/12. The request is for Prilosec #30 with 2 refills. RFA with the request not provided. Patient's diagnosis on 11/16/14 includes chronic lumbar spine pain, multiple drug intolerances and history of diverticulitis. Diagnosis on 01/05/15 includes thoracic spine strain/sprain, anxiety and depression, insomnia, and symptoms of gastritis. The patient ambulates with the aid of a walker. Physical examination on 01/05/15 revealed "incision healing, still has a small hole with some discharge." Treatment to date has included surgical intervention and medications. Patient's medications include Prilosec and Zantac. Patient's work status not provided. MTUS guidelines page 70 under NSAIDs, specific drug list & adverse effects recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec has been included in patient's medications per 01/05/15 report. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. In this case, treater has documented that the patient has a history of diverticulitis and symptoms of gastritis. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.