

Case Number:	CM15-0185049		
Date Assigned:	09/25/2015	Date of Injury:	05/23/2011
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic wrist, hand, and knee pain reportedly associated with an industrial injury of May 23, 2011. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for Mobic, Prilosec, and ranitidine. An RFA form received on August 24, 2015 was referenced in the determination, along with an associated progress note dated August 20, 2015. The applicant's attorney subsequently appealed. On an RFA form dated September 30, 2015, hand surgery consultation, Mobic, occupational therapy, Zantac, Prilosec, and a topical compounded agent were sought. On an associated progress note dated September 30, 2015, the applicant reported ongoing complaints of hand and wrist pain, highly variable ranging from 9/10 at worse to 5/10 at best. The attending provider contended the applicant's medications were helpful, but did not elaborate further. Activities of daily living to include bending, carrying, lifting, pushing, pulling, standing, walking all remain problematic, it was reported. Occupational therapy, hand surgery consultation to address the trigger finger, updated MRI studies of the left wrist and bilateral knees, Mobic, Prilosec, Zantac, and a topical compounded agent were endorsed. The attending provider stated that he was returning the applicant to regular duty work, but made mention whether the applicant was or was not working. Little discussion of medication efficacy seemingly transpired. In a progress note dated August 20, 2015, essentially identical to the September 30, 2015 office visit, the applicant reported ongoing complaints of hand, wrist, and knee pain, 5 to 9/10. The attending provider's contended that the applicant's medications were beneficial, but acknowledged that activities of daily living to include lifting, pushing, pulling, standing, and walking all remained problematic. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. Mobic, Prilosec, Zantac,

updated MRI studies and multiple topical compounds were endorsed. The treating provider stated that he was returning the applicant to regular duty work. On July 14, 2015, the applicant's former primary treating provider (PTP) stated that the applicant was working regular duty without limitations, despite ongoing complaints of wrist, neck, and shoulder pain. The attending provider stated that omeprazole was being employed to attenuate active issues with dyspepsia and stomach upset. On February 16, 2015, the applicant was, once again, returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg #45: 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: Yes, the request for Meloxicam (Mobic), anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Meloxicam (Mobic) do represent the traditional first line treatment for various pain conditions, including the chronic pain syndrome reportedly present here. Here, multiple progress notes, referenced above, including those dated February 16, 2015, July 14, 2014, August 20, 2015 and September 30, 2015 all suggested that the applicant was deriving appropriate analgesia from ongoing medication consumption, and had successfully returned to work with ongoing medication consumption, including ongoing Mobic usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Prilosec 20 mg #45: 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, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Prilosec, a proton-pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here. The applicant's former primary treating provider (PTP) reported on July 14, 2015. The applicant had active issues with reflux present on that date, seemingly NSAID-induced, the treating provider suggested. Usage of Prilosec was, thus, indicated to combat the same, per page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Ranitidine 150 mg #45: 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, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for ranitidine (Zantac), an H2 antagonist, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 59 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonist such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here, the applicant's former treating provider reported on July 14, 2015. Ongoing usage was Zantac was indicated to ameliorate the same. Therefore, the request is medically necessary.