

Case Number:	CM15-0197642		
Date Assigned:	10/13/2015	Date of Injury:	05/23/2006
Decision Date:	11/20/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This is a 61 year old male with a date of injury on 5-23-06. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand and right elbow pain. Progress report dated 9-21-15 reports continued complaints of bilateral hand and right elbow pain. He continues to wear right wrist brace. Medications include: gabapentin, Motrin, prilosec for upset stomach side effect from taking Motrin and hydrocodone for severe pain episodes. He reports overall improvement with current medication regimen. The pain is rated 3 out of 10 with medications and 10 out of 10 without medications. Objective findings: tender right antecubital fossa, bilateral elbow range of motion decreased flexion, supination and pronation, tender dorsum over right and left wrist, right and left wrist active range of motion normal except radial deviation decreased both side, grade 4 out of 5 sensory deficit right median nerve. Request for authorization dated 9-21-15 was made for Prilosec 20 mg quantity 30 with 3 refills and Motrin 800 mg quantity 100 with 3 refills. Utilization review dated 10-8-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with a 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. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no evidence seen in the documents provided for review which would qualify him for daily ongoing Prilosec use besides high doses of NSAIDs (Motrin 800 mg three times daily). Although if the use of Motrin continues, the Prilosec would be justified. However, as this reviewer recommends discontinuing the Motrin, or at least using it more intermittently at lower doses is more appropriate considering the significant side effects of the Motrin, this request is not medically necessary in the setting of the worker not using Motrin as prescribed by his provider.

Motrin 800mg #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

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, and those at risk for gastrointestinal bleeding. In the case of this worker, Motrin was used chronically and at a high and frequent dosing leading up to this request. Although there was a report of some benefit from the medications, including Motrin, there is little found in the documentation to justify long-term use of Motrin at high doses considering the diagnoses provided and the significant side effects with chronic high dose use, especially considering the worker has significant hypertension (blood pressure of 185/87 on 9/21/15). Discontinuation of this medication is most appropriate. This request for Motrin is not medically necessary