

Case Number:	CM15-0207000		
Date Assigned:	10/23/2015	Date of Injury:	01/15/2010
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 64 year old, female who sustained a work related injury on 1-15-10. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 7-21-15 and 9-21-15, the injured worker reports increased low back pain with radiating pain in both legs, left greater than right. She has occasional numbness in legs. She rates her pain a 5-6 out of 10 with medications and an 8 out of 10 without medications. She reports left knee swelling. On physical exam dated 9-21-15, she has tenderness over both sacroiliac joints and coccyx. She has positive straight leg raises with both legs. Treatments have included medications and TENS unit therapy. Current medications include Anaprox and Prilosec. She is not working. The treatment plan includes requests for Anaprox and Prilosec. In the Utilization Review dated 10-16-15, the requested treatments of Anaprox 550mg. #120 and Prilosec 20mg. #120 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg, #120, per 09/21/2015: 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, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAID's should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case the worker was injured in 2010 and is being treated for chronic low back pain with radicular symptoms and knee pain. She has been taking Anaprox for an unspecified period and there is no documentation of a failed trial of acetaminophen. The submitted documentation provides no evidence of functional improvement, a quantitative assessment of how the medication helps, percentage of relief, duration of relief, increase in function or activity. The guidelines caution against long term use due to the side effect profile of this class of medications. The guidelines also recommend the lowest possible effective dose and the submitted records do not indicate if lower dosages had been tried. Therefore, the request is not medically necessary.

Prilosec 20mg, #120, per 09/21/2015: 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 rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case the submitted records do not demonstrate that the patient is at risk for gastrointestinal events. The medication is solely being used to prevent the side effect of GI irritation with Anaprox. As the request for Anaprox is not medically necessary, the request for Prilosec is not medically necessary. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.