

Case Number:	CM15-0208419		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2004
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 10-5-05. The injured worker was being treated for status post L4 burst fracture, cervical spine sprain-strain syndrome, bilateral shoulder sprain-strain syndrome, status post left tibial plateau fracture, calcaneus fracture of right heel, reactionary depression and anxiety, bilateral knee internal derangement, spinal cord stimulator trial and status post right ankle fusion. On 9-23-15, the injured worker complains of persistent low back pain with radiation down to both lower extremities and bilateral knee pain with feeling of instability. It is noted he has been able to wean himself off opioid medications. Documentation did not include pain level prior to or following administration of pain medication or duration of pain relief. He received an injection to left knee on 9-23-15. Physical exam performed on 9-23-15 revealed tenderness to palpation along the lumbar musculature with a significantly decreased range of motion and pain, diffuse muscle rigidity, well healed surgical scar; and tenderness to palpation and mild soft tissue swelling noted in both knees with mild crepitus with gentle range of motion of both knees. An abdominal exam was not documented and there is no documentation of a diagnosis relating to gastrointestinal issues. Treatment to date has included left tibial plateau fracture repair, steroid injections to left knee, lumbar laminectomy, oral medications including Neurontin, Ambien, Anaprox DR 500mg (for at least 6 months), Prilosec 20mg, Ultracet 37.5-325mg (for at least 6 months) and Xanax; spinal cord stimulator, and activity modifications. The treatment plan included refilling of oral medications including Ultracet 37.5-325mg #50, Anaprox DR 500mg #120 and Prilosec 20mg #120; bilateral knee braces and follow up appointment. On 10-12-15 request for Ultracet 37.5-325mg #50, Anaprox DR 500mg #120 and Prilosec 20mg #120 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5-325 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Ultracet is a combination of Ultram (Tramadol) and Acetaminophen. Ultram is a centrally-acting synthetic opioid indicated for the short-term relief of patients with moderate to moderately severe pain. Long-term use is not recommended unless there is documentation of pain relief and functional improvement. The 4 A's should be documented analgesia, ADLs, appropriate medication use and adverse events. In this case the 4 As are not clearly addressed. There is also no documentation that the prescription is from a single practitioner or that the lowest possible dose is being utilized. Therefore, the request is not medically necessary or appropriate.

Anaprox DR 550 MG Qty 60: 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).

Decision rationale: Anaprox is an NSAID indicated for short-term relief of mild to moderate pain. There are significant GI and cardiovascular adverse events associated with long-term use of NSAIDs. NSAIDs have also been found to delay/hamper the healing of soft tissue injuries. In this case, the patient has been taking long-term Anaprox without documentation of significant functional benefit. Therefore, the request is not medically necessary or appropriate.

Prilosec 20 MG Qty 60: 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: Prilosec is a proton pump inhibitor (PPI) that is being used in this case as a protectant agent due to the patient taking an NSAID (Anaprox). There is no documentation of risk factors for adverse GI events (age greater than 65 years, history of GI hemorrhage, PUD or perforation, concomitant use of ASA, corticosteroids or anticoagulants, or high dose/multiple NSAIDs. Long-term use of PPIs has also been associated with hip fractures. In this case, the patient has been taking Prilosec on a long-term basis, which is contrary to recommendations. In addition, since the Anaprox has not been authorized, there is no longer any medical necessity for Prilosec.