

Case Number:	CM15-0023269		
Date Assigned:	02/12/2015	Date of Injury:	07/18/1999
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 62 year old male, who sustained an industrial injury on July 18, 1999. The diagnoses have included right knee medical meniscus and lateral collateral ligament tears, and degenerative disc disease; left shoulder moderate to severe hypertrophic changes of the acromioclavicular joint, impingement syndrome; left carpal tunnel syndrome; sprain/strain of the lumbar spine superimposed on degenerative disc disease and spondylolisthesis and spondylosis; and status post left total knee arthroplasty. Treatment to date has included pain, muscle relaxant, histamine-2 blocker and non-steroidal anti-inflammatory medications, and urine drug testing. On December 3, 2014, the treating physician noted increased lower back pain due to decreased use of pain medication. The injured worker's pain level was 9/10 due to decreasing his pain medication to 3 per day from 10- per day. The injured worker reported left knee pain with buckling, which was rated 7/10, and left shoulder pain, rated 5-6. Current medications included an analgesic, a non-steroidal anti-inflammatory, and a histamine-2 blocker, which was for his upset stomach. The physical exam revealed he favored his right lower extremity and walked with a straight point cane. There was lumbosacral and bilateral lumbar paraspinal musculature tenderness with muscle spasms and myofascial trigger points. The lumbar range of motion was moderately decreased with increased lower back pain upon all extremes of lumbar spine motion. The treatment plan included refills of his current pain, histamine-2 blocker and non-steroidal anti-inflammatory medications. On February 6, 2015, the injured worker submitted an application for IMR for review of 1 prescription for 95 tablets of Norco 10-325mg, 1 prescription for 30

tablets of Zantac 300mg with 3 refills, and 1 prescription for 100 tablets of Motrin 800mg with 3 refills. The Norco was modified based on the patient had decreased pain with increase in function and self-weaning of Norco from 10 pills per day to 2-3 pills per day. The Zantac was non-certified based on lack of evidence of dyspepsia and the requested non-steroidal anti-inflammatory drug (NSAID) is not medically warranted at this time. The Motrin was non-certified based on the guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for short-term use and it was unclear how long the patient was using the Motrin. The guidelines state medication is only deemed reasonable after assessing the patient's response to treatment. Therefore, the refills are not indicated. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 300mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine 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)." And "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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. As such, the request for Zantac 300mg #30 with 3 refills is not medically necessary.

Motrin 800mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Motrin 800mg #100 with 3 refills is not medically necessary.