

Case Number:	CM15-0029463		
Date Assigned:	03/27/2015	Date of Injury:	10/02/2001
Decision Date:	05/12/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female with a reported date of injury on 10/02/2001; the mechanism of injury is not provided for review. The injured worker's diagnoses include cervical degenerative disc disease; left shoulder internal derangement; right shoulder internal derangement; bilateral carpal tunnel syndrome, lumbar degenerative disc disease, left lower extremity radiculopathy, status post right total knee replacement. The injured worker's treatments to date include epidural steroid injection, facet rhizotomies and medications to include Ultracet, Valium, Anaprox, Prilosec, Neurontin, and Cymbalta. A Progress report dated 01/20/2015 noted that the injured worker underwent lumbar epidural steroid injection on 05/09/2013 which provided approximately 6 months of benefits with 70% reduction in pain which resulted in increase in the injured worker's mobility and activity tolerance as well as decreased medication use by about 30% to 40%. It was also noted at that time that a urine drug screen was performed that tested positive for opioids and benzodiazepine which is consistent with the injured worker's medical regimen. It was noted at that time the injured worker's medication were refilled to include Anaprox 550 mg #60, and Prilosec #60. The most recent progress note dated 03/23/2015 noted the injured worker returned in the office after undergoing lumbar epidural steroid injection at L5-S1 on 03/19/2015 which provided significant pain relief of approximately 75% to the low back as well as reduction of radicular symptoms to the lower extremity. At the time of examination, the injured worker was noted to have 3/10 pain to the low back. On physical exam of the cervical spine, it was noted the injured worker had tenderness with palpation bilaterally with increased muscle rigidity as well as numerous trigger points.

Range of motion was restricted and the injured worker had evidence of decreased sensation along the posterolateral aspects of the arm bilaterally as well as decreased sensation along the 2nd, 3rd, 4th and 5th digits bilaterally. There was also noted to be evidence of thenar atrophy in both hands as well as positive Tinel's at the ventral aspect of the wrist bilaterally. On examination of lumbar spine, it was noted there was tenderness to palpation bilaterally with increased muscle rigidity as well as decreased range of motion with both flexion and extension. The injured worker was also noted to have demonstrated decreased sensation to the left lower extremity L5 distribution. Examination of right knee demonstrated decreased range of motion with associated crepitus and tenderness to palpation. The injured worker's medications were once again refilled to include Anaprox 550 mg #60 and Prilosec #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 1/20/15): Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs (non-steroidal anti-inflammatory drugs), specific drug list & adverse effects Page(s): 67,73.

Decision rationale: According to the California MTUS Guidelines, Anaprox is currently recommended and indicated for treatment of osteoarthritis and/or ankylosing spondylitis. The guidelines continue to state that nonsteroidal anti-inflammatory drugs should be recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. It remains unclear how long the injured worker has been prescribed this medication. Additionally, there is lack of evidence from the documentation provided that this specific medication provided the injured worker therapeutic benefit. Furthermore, there was lack of evidence that the injured worker has been diagnosed with osteoarthritis or ankylosing spondylitis which is an indication for use of this medication. Therefore, the request for Retro (DOS 1/20/15): Anaprox DS 550mg #60 is not medically necessary.

Retro (DOS 1/20/15): Prilosec #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS guidelines, proton pump inhibitors may be recommended in patients who are at intermediate or high risk of gastrointestinal events such as patients over the age of 65 years; patients with a history of peptic ulcer, GI bleed, perforation; patients taking congruent use of ASA, corticosteroids and/or anticoagulants; or patients taking

high dose/multiple NSAID medications. There was lack of evidence within the documentation that the injured worker has a history of peptic ulcer, GI bleed or perforation. Additionally, there is lack of evidence the injured worker is taking high dose/multiple NSAIDS which would increase the injured worker's risk for gastrointestinal events. Furthermore, there is lack of documentation provided that the specific medication provided the injured worker therapeutic benefit. Therefore, the request for retro (date of service 01/20/2015): Prilosec #60 is not medically necessary.

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs (non-steroidal anti-inflammatory drugs), specific drug list & adverse effects Page(s): 67,73.

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Prilosec #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk.

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Decision rationale: According to the California MTUS guidelines, proton pump inhibitors may be recommended in patients who are at intermediate or high risk of gastrointestinal events such as patients over the age of 65 years; patients with a history of peptic ulcer, GI bleed, perforation; patients taking congruent use of ASA, corticosteroids and/or anticoagulants; or patients taking high dose/multiple NSAID medications. There was lack of evidence within the documentation that the injured worker has a history of peptic ulcer, GI bleed or perforation. Additionally, there is lack of evidence the injured worker is taking high dose/multiple NSAIDS which would increase the injured worker's risk for gastrointestinal events. Furthermore, there is lack of documentation provided that the specific medication provided the injured worker therapeutic benefit. Therefore, the request for Prilosec #60 is not medically necessary.

