MAXIMUS Federal Services

Case Number:	CM15-0031485		
Date Assigned:	02/25/2015	Date of Injury:	04/01/2011
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 53-year-old female, who sustained an industrial injury on 4/1/11. She has reported neck and upper extremity injury. Upper extremity electrodiagnostic studies on 10/24/14 were normal. The diagnoses have included cervical spondylosis with cervical radiculopathy, bilateral shoulder impingement syndrome and lumbosacral sprain and strain with lumbar radiculopathy. Treatment to date has included oral medications. Currently, the injured worker complains of increased neck and low back pain. Tenderness and restricted range of motion were noted on 1/27/15. The injured worker is not working. Prilosec is requested to prevent gastric irritation and gastrointestinal bleeding from non-steroidal anti-inflammatory medications. On 2/12/15 Utilization Review non-certified Anaprox DS 550mg #60, noting lack of evidence of functional improvement and Prilosec 20mg #60, noting the lack of documentation of gastric complaints. The Non-MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of Anaprox DS 550mg #60 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Anaprox Page(s): 21-22, 72-73.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Anaprox. The request for Anaprox DS 550mg #60 is not medically necessary.

Prilosec 20mg #50: Upheld

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

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 http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the patient is noted to be a 53-year-old female who is being prescribed Prilosec to prevent gastric irritation and bleeding from non-steroidal anti-inflammatory medication. Proton pump inhibitors are not supported for prevention and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. Ongoing treatment with Anaprox has not been supported. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. There is also an association with long-term use of proton pump inhibitors and vitamin B12 deficiency. Therefore, the request for Prilosec 20mg #50 is not medically necessary.