

<b>Case Number:</b>	CM15-0037208		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 August 17, 2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar strain, lumbar radiculitis, lumbar disc protrusion and cervical sprain. According to the primary treating physician's progress report on December 17, 2014, the injured worker continues to experience pain in the lower back. A lumbar epidural steroid injection (ESI) in November 2014 made the symptoms worse with radiation to both lower extremities with cramping, numbness and tingling. Neck pain and headaches were also reported as increasing in intensity. Cervical spine examination was unremarkable. Examination of the lumbar spine demonstrated tenderness and pain at L4-L5 and L5-S1 with a positive straight leg raise laying down flat at 25 degrees. Lateral flexion was 25 degrees bilaterally and lateral rotation was 35 degrees bilaterally and extension 20 degrees. Decreased sensation below the left knee was noted. Current medications consist of Flexeril, Fenoprofen and Zantac. Treatment modalities consist of physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, healthy dieting and medication. The injured worker is on temporary total disability (TTD) with modified restrictions. The treating physician requested authorization for Zantac 10 mg #60 and Fenoprofen 400 mg #60. On January 27, 2015, the Utilization Review denied certification for Zantac 10 mg #60 and Fenoprofen 400 mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that prophylaxis against NSAIDs induced gastritis can be instituted during chronic NSAIDs treatment in high-risk patient. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The incidence of complications is increased in the elderly and in patients with a history of gastric disease. The guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis. The records did not show that the patient had a risk factor or a past history of gastritis. Zantac is available as over the counter medications for the treatment of dyspepsia and gastric symptoms. The criteria for the use of Zantac 10mg #60 was not met.

**Fenoprofen 400 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The incidence of complications is increased in the elderly and in patients with a history of gastric disease. The guidelines recommend that the use of NSAIDs should be limited to the lowest possible doses for the shortest periods to decrease the risk of adverse effects. The records did not show that the patient had NSAIDs related adverse effect or a risk factor and past history of gastritis. There is documentation of functional restoration and pain relief with utilization of Fenoprofen. The criteria for the use of Fenoprofen 400mg #60 was met.