MAXIMUS Federal Services

Case Number:	CM15-0056407		
Date Assigned:	04/01/2015	Date of Injury:	07/18/1999
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 62-year-old male with an industrial injury dated July 18, 1999. The injured worker diagnoses include medial meniscal tear, lateral meniscal tear, lateral collateral ligament tear and degenerative joint disease of the right knee, moderate to severe hypertrophic changes of the acromioclavicular joint; impingement syndrome of the left shoulder, left carpal tunnel syndrome, lumbar spine sprain/strain superimposed upon degenerative disc disease with spondylolisthesis and spondylosis, advanced posttraumatic degenerative disc disease of the left knee, status post left total knee arthroplasty, morbid obesity and status post gastric bypass in 2013. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/18/2015, the injured worker reported frequent flare-ups of pain in his lower back region with associated numbness and tingling radiating into his bilateral lower extremities and into his feet. Objective findings revealed tenderness, muscle spasms, myofascial trigger points and increased lower back pain with range of motion of the lumbar spine. The treating physician prescribed Motrin and Zantac now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90 with 2 refills: Overturned

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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 07/18/99 and presents with lower back pain with pain and numbness/tingling radiating into his bilateral lower extremities and into his feet. The request is for Motrin 800 MG #90 with 2 refills for inflammation. There is no RFA provided and the patient is permanent and stationary. He has been taking Motrin as early as 10/08/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient ambulates with a cane and favors his Genu Valgus deformity of his right knee. Tenderness is noted over the lumbosacral spine and over the bilateral lumbar paraspinal musculature, where muscle spasms and myofascial and trigger points are noted. Increased low back pain is report upon the extremes of all ranges of motion about his lumbar spine. On 11/05/14, the patient rated his pain as a 3-4/10 with medication and a 9/10 without medications. On 02/04/15, the patient rated his pain as an 8-9/10. Given the patient's chronic knee and back pain for which oral NSAIDs are supported per MTUS, the request is medically necessary.

Zantac 300mg, #30 with 2 refills: 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, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 07/18/99 and presents with lower back pain with pain and numbness/tingling radiating into his bilateral lower extremities and into his feet. The request is for Zantac 300 MG #30 with 2 refills for upset stomach. There is no RFA provided and the patient is permanent and stationary. He has been taking Zantac as early as 10/08/14.MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI."The reason for the request is not provided. As of 02/18/15, the patient is taking Norco and Motrin. The patient has been taking Zantac as early as 10/08/14. There is no discussion regarding what Zantac is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the requested Zantac is not medically necessary.