

<b>Case Number:</b>	CM15-0067188		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 60-year-old female, who sustained an industrial injury on 2/27/2008. Diagnoses have included post laminotomy pain syndrome, history of complex right hip surgery and history of complex left hip surgery. Treatment to date has included surgery and medication. According to the progress report dated 3/13/2015, the injured worker was seen following a revision of a failed left total hip arthroplasty. There was some improvement of left hip pain with resolution of left hip audible crepitus. Following surgery, there was evidence of left leg shortening and abnormal gait. She had developed severe left lateral knee pain over the fibular head radiating into the ankle. Physical exam revealed a restricted gait with evidence of leg length discrepancy. There was left leg shortening. Authorization was requested for Arthrotec, Dexilant, Amitiza, Ultram ER and Naproxen Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, #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 Naprosyn  
Page(s): 67-73.

**Decision rationale:** Guidelines recommend NSAIDs for treatment of pain at the lowest effective dose for the shortest period of time. In this case, there is no clear documentation of how long the patient has been taking NSAIDs as long-term use is not recommended. In addition, the patient's functional response to Naproxen was also not documented. The request for naproxen 550 mg #60 is not medically appropriate and necessary.

**Arthrotec 75/200mg, #60, 5 refills:** 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 NSAIDs  
Page(s): 67-73.

**Decision rationale:** Guidelines recommend NSAIDs for treatment of pain at the lowest effective dose for the shortest period of time. In this case, there is no clear documentation of how long the patient has been taking NSAIDs as long-term use is not recommended. In addition, the patient's functional response to NSAIDs was also not documented and there is no indication for using 2 NSAIDs for this patient. The request for Arthrotec 75/200 mg #60 with 5 refills is not medically appropriate and necessary.

**Ultram ER 200mg, #60, 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, there is no documented evidence of significant benefit in pain or function to support long-term use. The request for ultram ER 200 mg #60 with 5 refills is not medically appropriate and necessary.

**Amitiza 24mcg, #60 , 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines recommend Amitiza for treatment of opioid induced constipation. Since the request for opioid is not medically necessary and appropriate for this patient, the request for Amitiza is not medically appropriate and necessary.

**Dexilant 30mg, #30, 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic) (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 74-96.

**Decision rationale:** Guidelines recommend Dexilant for treatment of dyspepsia due to NSAID therapy for patients at risk for gi events. In this case, the patient is suffering with gastritis due to previous NSAID use. The request for Dexilant is medically necessary and appropriate.