

Case Number:	CM15-0081275		
Date Assigned:	05/04/2015	Date of Injury:	05/13/1991
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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 male with an industrial injury dated 5/13/1991. The injured worker's diagnoses include status post L4-5 and L5-S1 anterior posterior interbody fusion on 7/11/2002, lumbar post laminectomy syndrome, bilateral lower extremities radiculopathy, left greater than right, bilateral knee internal derangement, status post left total knee replacement, status post right knee arthroscopic repair, cervical myoligamentous injury with right upper extremity radiculopathy, right shoulder rotator cuff tear, hypogonadism due to chronic opiate use and medication induced gastritis. Treatment consisted of Electromyography (EMG), MRI of the cervical spine/right ankle/lumbar spine/right knee, x-ray of lumbar spine, right computed tomography shoulder arthrogram, prescribed medications, epidural steroid injection at L3-4 on 12/8/2014 and periodic follow up visits. In the most recent progress note dated 12/29/2014, the injured worker reported improved mobility in his lower back with less pain, and worsened neck pain with radiation on both upper extremities along with associated cervicogenic headaches. Objective findings revealed mild to moderate distress, antalgic gait favoring the right leg, tenderness to palpitation, trigger points and muscle rigidity in the cervical spine and lumbar spine. Decrease sensation along the posterior lateral thigh and posterior lateral calf, bilaterally and positive straight leg raises causing radicular symptoms were also noted on examination. There were no current progress notes submitted for review. The treating physician prescribed retrospective request for Anaprox 550mg #60 and Prilosec 20mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox 550mg 1 tab po BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: The most recent report provided is dated 12/29/14 and states that the patient presents with improved Lumbar pain s/p ESI Lumbar, worsened neck pain radiating to the upper extremities, and increased pain in the right shoulder. The current request is for retro Anaprox 550mg 1 TAB PO BID #60. The RFA is not included; however, the 04/09/15 utilization review states it is dated 03/26/15. The patient is working. MTUS Anti-inflammatory medications page 22 state, "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." MTUS also states comprehensive clinical trials support NSAIDS in lower back pain. The reports provided for review do not specifically discuss this medication. It appears as a prescribed medication on 12/29/14. The patient was prescribed Motrin/Ibuprofen from 03/13/14 to 11/13/14. The treater states on 12/29/14 that Motrin in conjunction with Norco, Lyrica and Miraplex have been beneficial and help the patient function and work on a daily basis. While the treater does document that another NSAID/Motrin helps the patient, there is no discussion about Anaprox/Naproxen. It is unknown why the patient changed to this medication or whether or not it helps since 12/29/14. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Retro Prilosec 20mg 1 tab po BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors.

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

Decision rationale: The most recent report provided is dated 12/29/14 and states that the patient presents with improved Lumbar pain s/p ESI Lumbar, worsened neck pain radiating to the upper extremities, and increased pain in the right shoulder. The current request is for retro Prilosec 20 mg 1 TAB PO BID #60 Omeprazole. The RFA is not included; however, the 04/09/15 utilization review states it is dated 03/26/15. The patient is working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent

use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The reports provided for review show the patient has been prescribed this medication since at least 03/13/14. On 12/29/14, the requesting physician states the patient requires Prilosec as he develops medication-induced gastritis. The patient has been prescribed an NSAID since at least 03/13/14 to 12/29/14. Given the patient's gastritis and NSAID use, the use of a PPI appears reasonable. However, it appears this request is dated 03/26/15 and the most recent medical treatment report is dated 12/29/14. It is not known if the patient is currently prescribed an NSAID and is experiencing gastritis. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.