

Case Number:	CM14-0207044		
Date Assigned:	12/19/2014	Date of Injury:	03/25/1999
Decision Date:	05/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 74 year old female, who sustained an industrial injury on 03/25/1999. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, left hip surgery, lumbar spine surgery and conservative therapies. Currently, the injured worker complains of persistent low back and left hip pain with pain ratings of 7-8/10. The diagnoses include status post left-sided L4-L5 discectomy with multilevel disc desiccation and stenosis, left hip pain - status post arthroplasty, and left knee medial meniscal tear. The treatment plan consisted of lumbar epidural steroid injections, MRI of the lumbar spine, continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 3RF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 with 3 refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post left-sided L4 - L5 discectomy with multilevel disk desiccation and stenosis; left hip pain, status post arthroplasty; and left knee medial meniscus tear. Documentation from a March 21, 2014 progress note shows the injured worker was started on Prilosec 20 mg b.i.d. secondary to Norco gastrointestinal upset. The injured worker was not taking nonsteroidal anti-inflammatory drugs at that time. Prilosec 20 mg b.i.d. is incorrect dosing for the proton pump inhibitor. Prilosec is indicated at 20 mg one pill daily. The injured worker has a history of dyspepsia in the March 2014 progress note. However, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, other than incorrect dosing three refills were added to the request. Consequently, absent clinical documentation with an appropriate clinical indication/rationale for Prilosec 20 mg, Prilosec 20 mg #60 with 3 refills is not medically necessary.

Motrin 800mg # 90 3RF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22 and 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #90 with 3 refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post left-sided L4 - L5 discectomy with multilevel disk desiccation and stenosis; left hip pain, status post arthroplasty; and left knee medial meniscus tear. The documentation shows Motrin 800 mg was started on November 7, 2014. Prilosec 20 mg b.i.d. was continued from the start date March 21, 2014. Norco was discontinued. Motrin is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating provider ordered a one-month supply with three refills of Motrin 800 mg. Although Motrin 800 mg three times a day (for one month) is appropriate based on the VAS pain scale of

8/10 low back pain and 7/10 hip pain, a one month supply with three refills is not clinically indicated. Objective follow-up is indicated to determine whether there was objective functional improvement with ongoing Motrin at the lowest dose for the shortest period. Consequently, absent clinical documentation with objective functional improvement as a result of ongoing Motrin, Motrin 800 mg #90 with 3 refills is not medically necessary.