

Case Number:	CM14-0214616		
Date Assigned:	01/07/2015	Date of Injury:	02/14/2006
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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

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 patient is a 65 year old male with an injury date of 02/14/06. Based on the 10/20/14 progress report provided by treating physician, the patient complains of pain in cervical spine radiating to base of the skull and into both arms. Physical examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal musculature. Range of motion was decreased. Patient's current medications include Nalfon, Paxil, Prilosec, Ultram and Norco. Per treater report dated 10/20/14, the patient to remain off work. Diagnosis (10/20/14)- Cervical discopathy with disc displacement- Cervical radiculopathy- Mood disorder. The utilization review determination being challenged is dated 12/16/14. The rationale follows: 1) PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NALFON (FENOPROFEN) 400MG #90: "is less effective and less safe than Ibuprofen or Naproxen... no apparent diagnosis of osteoarthritis." 2) PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PRILOSEC (OMEPROZOLE DR) 20MG #90: "Fenopropfen was not medically indicated. Thus the use of a proton pump inhibitor was not necessary." Treatment reports were provided from 05/01/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Nalfon (Fenopropfen) 400mg #90.: Overturned

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

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

Decision rationale: The patient presents with pain in cervical spine radiating to base of the skull and into both arms. The request is for prospective request for 1 prescription of Nalfon (Fenoprofen) 400mg #90. Patient's current medications include Nalfon, Paxil, Prilosec, Ultram and Norco. Patient is not working. MTUS Anti-inflammatory medications page 22 states, "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." Per progress report dated 10/20/14, treater states reason for request is "to assist in reducing and aiding in resolving the patient's signs and symptoms." It appears that the patient is just starting this medication. MTUS does support the use of NSAID's for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, chronic pain is well documented in this patient along with a radicular component. The request is medically necessary.

Prospective request for 1 prescription of Prilosec (Omeprazole DR) 20mg #90.: 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 NSAIDs, GI symptoms and cardiovascular risk. Page(s): 69.

Decision rationale: The patient presents with pain in cervical spine radiating to base of the skull and into both arms. The request is for prospective request for 1 prescription of Prilosec (Omeprazole Dr) 20MG #90. Patient's current medications include Nalfon, Paxil, Prilosec, Ultram and Norco. Patient is not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 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 antagonists or a PPI." Per progress report dated 10/20/14, treater states reason for request is "to assist in reducing and aiding in resolving the patient's signs and symptoms." However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. The patient has just started on an oral NSAID. It has also been at least 5 months since 06/30/14 that treater states patient reports to being prescribed Prilosec. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required my guidelines, the request is not medically necessary.