

Case Number:	CM14-0218296		
Date Assigned:	01/08/2015	Date of Injury:	03/09/2000
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained a work related injury on 03/09/2000. According to a progress report date 12/01/2014, the injured worker complained of neck pain, pain in both shoulders aggravated by any type of overhead activity, pain in the lower back that radiated down to both lower extremities right greater than left and right knee pain. Medications included Norco, Anaprox DS and Prilosec. Assessment included cervical myoligamentous injury with right upper extremity with radicular symptoms, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, status post arthroscopic surgery to her right shoulder on 12/17/2010, status post arthroscopic surgery to right knee x 2 on 03/12/2007 and 12/16/2011 remaining symptomatic, status post right carpal tunnel release on 04/16/2012 and status post arthroscopic surgery to left shoulder on 11/22/2013. Treatment plan included MRI of the cervical spine and lumbar spine, Norco, Prilosec, Anaprox DS and Neurontin. According to the provider, the injured worker was determined to have chronic (greater than 3 months) myofascial pain in the posterior cervical and posterior lumbar musculature, which medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs and/or muscle relaxants have failed to control. The injured worker received 4 trigger-point injections. On 12/12/2014, Utilization Review non-certified Anaprox DS 550mg and Prilosec 20mg #60. According to the Utilization Review physician, in regards to Anaprox, documentation did not identify significant pain relief or functional benefit as a result of nonsteroidal anti-inflammatory drug (NSAID) use. Given the date of injury in 2000, ongoing

chronic NSAID use would not be supported. In regards to Prilosec, the documentation did not describe current gastrointestinal symptoms (GI) or treatment rendered thus far for gastrointestinal symptoms such as dietary modification and the documentation did not describe risk factor for GI bleed to warrant prophylaxis. The injured worker is not over age 65, and is not on multiple/high dose NSAIDs. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anaprox DS 550mg #60, dispensed 12/1/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. Dysthesia pain is present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent. As such, the request for retrospective Anaprox DS 550mg #60, dispensed 12/1/14 is not medically necessary.

Retrospective Prilosec 20mg #60, dispensed on 12/1/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for retrospective Prilosec 20mg #60, dispensed on 12/1/14 is not medically necessary.