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| <b>Case Number:</b>   | CM14-0050339 |                        |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b> | 12/15/2001 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b> | 02/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application</b>     | 03/24/2014 |

### 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 injured worker is a 57 year old male with an industrial injury date of 12/15/2001. His diagnoses includes chronic pain syndrome, osteoarthritis of knee, reflex sympathetic dystrophy of the lower limb, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis and lumbago. Prior treatments included knee surgery, physical therapy, injections and medications. The injured worker presents on 02/03/2014 with complaints of low back and knee pain. He also reports stomach irritation and heart burn with Norco. Physical exam noted mild diffuse tenderness to palpation over right anterior knee and over lumbosacral spine. Lumbar flexion was limited. Treatment plan included changing Norco to Tylenol # 3, anti-inflammatory and Prilosec for stomach protections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Prilosec 20mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse, American Gastroenterological Association Institute. American Gastroeneterological

Association medical position statement on the management of gastroesophageal reflux disease. Gastroenterology 2008 Oct; 135 (4): 1383-91, 1391.e1-5 (13 references), American Society for Gastrointestinal Endoscopy. Role of endoscopy in the management of GERD. Gastrointestinal Endoscopy 2007 Aug; 66 (2): 219-24 (41 references), University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health; 2012 MAY. 12p (11 references), Management of Chronic / Long Term GERD and Empiric Therapy.

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

**Decision rationale:** The patient was injured on 12/15/2001 and presents with low back pain and right knee pain. The request is for PRILOSEC 20 MG #30 WITH 2 REFILLS. The utilization review denial rationale is that "given that the provider has changed the patient's medications, refills are not warranted at this time to allow for reevaluation before continued use is recommended." The RFA is dated 02/03/2014 and the patient is permanent and stationary. The patient has been taking Prilosec as early as 12/02/2013. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The 02/03/2014 reports states the patient has low back aching pain as well as "stomach irritation and heartburn with Norco." The patient is diagnosed with GERD, degenerative lumbar disk disease, chronic low back pain, right knee complex regional pain syndrome, history of two knee arthroscopic surgeries, and right knee pain. The patient is currently taking Prilosec, ibuprofen, and Tylenol No. 3. In this case, the treater is requesting for Prilosec for the patient's stomach irritation and heartburn with Norco, which was prescribed in the 12/02/2013 report. The patient is also taking ibuprofen which is an NSAID. Given that the patient continues to have irritation and heartburn with the Norco, the requested Prilosec appears reasonable. Use of PPIs is indicated for GERD and other stomach issues, as this patient is diagnosed with. Therefore, the requested Prilosec IS medically necessary.

**1 prescription for ibuprofen 600mg #120 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Back pain- Chronic low back pain and Neuropathic pain. Decision based on Non-MTUS Citation FDA Medication Guide.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient was injured on 12/15/2001 and presents with low back pain and right knee pain. The request is for IBUPROFEN 600 MG #120 WITH 2 REFILLS. The utilization review denial rationale is that "given that the provider has changed the patient's medications, refills are not warranted at this time to allow for reevaluation before continued use is recommended." The RFA is dated 02/03/2014 and the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications

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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with right knee pain, history of two knee arthroscopic surgeries, right knee complex regional pain syndrome, chronic low back pain, degenerative lumbar disk disease, and GERD. There are no discussions provided specifically regarding ibuprofen. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function, as required by MTUS page 60. Therefore, the requested ibuprofen IS NOT medically necessary.