

Case Number:	CM15-0016443		
Date Assigned:	02/04/2015	Date of Injury:	07/30/2012
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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: District of Columbia, Virginia
 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 53 year old male, who sustained an industrial injury on 07/30/2012. The diagnoses have included cervical spine sprain/strain, multilevel disc bulges at C5-6 with C7 radiculopathy, status post left shoulder arthroscopic surgery on 07/29/2013, and lumbar spine sprain/strain with multilevel disc bulges at bilateral S1 with radiculopathy. Treatments to date have included cortisone injections, epidural steroid injections, and medications. Diagnostics to date have included urine drug screen dated 01/09/2015 showed Hydrocodone as inconsistent and Hydromorphone as consistent with prescription therapy. Lumbar spine MRI on 05/20/2013 showed diffuse disc bulge at L2-3, L3-4, and L4-5 and broad based central disc protrusion encroaching the epidural space at L5-S1. In a progress note dated 01/09/2015, the injured worker presented with complaints of shoulder and cervical and lumbar spine pain. The treating physician reported refilling all medications and no change since previous visit. Utilization Review determination on 01/22/2015 non-certified the request for Ibuprofen 800mg #60 with 1 refill and Prilosec 20mg #60 with 1 refill citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 68,72.

Decision rationale: Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Dose should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. Per MTUS, chronic usage of this medication would not be indicated.

Prilosec 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation proton pump inhibitors

Decision rationale: MTUS does not address this medication. Per ODG: proton pump inhibitors (PPI) are recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms and cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole) and nexium (esomeprazole) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole (Miner 2010). Healing doses of PPIs are more effective than all other therapies although there is an increase in overall adverse effects to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than nexium. Nexium is not available in a generic (as in Prilosec). Also, Prilosec is more available as an over the counter product while Nexium is not. (Donnellan 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose or the shortest possible amount of time. PPIs are more effective including preventing gastric ulcers induced by NSAIDs. Studies suggest however that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24 HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Nexium, Prevacid, Prilosec, Protonix, Dexilant and Aciphex (Shi 2008). A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, Aciphex should also be second line. According to the latest AHRQ comparative effectiveness research, all of the commercially available PPIs appeared to be similarly effective (AHRQ 2011) (Pain Chapter). This patient did not meet criteria for which

prilosec would be indicated and ,although the patient was on an NSAID, this was not a high dose and the patient did not have other risk factors.