

<b>Case Number:</b>	CM15-0121358		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	10/24/2003
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: 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 56 year old female, who sustained an industrial injury on 10/24/2003. She has reported injury to the bilateral wrists, bilateral shoulders, bilateral knees, bilateral ankles/feet, and low back. The diagnoses have included lumbar sprain; knee chondromalacia; synovitis and tenosynovitis, unspecified; tear medial meniscus knee; osteoarthritis, lower leg; status post total knee replacement; status post knee arthroscopy; and plantar fasciitis. Treatments have included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Mobic, Zantac, and Terocin topical cream. A progress report from the treating physician, dated 06/09/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain is feeling better; she has frequent slight to intermittent moderate and occasionally severe pain with radicular pain in both legs, right greater than left; numbness and tingling in both feet, right greater than left; stiffness, tightness, and limited motion of the low back; sleep disruption; constant slight to intermittent moderate and occasionally severe pain in both shoulders, right greater than left; stiffness, tightness, and limited motion; constant slight to intermittent moderate and occasionally severe pain in the entirety of both knees, right greater than left; locking, giving way, stiffness, tightness, limited motion, and swelling of the knees; the right knee locks and catches in flexion and this occasionally happens to the left knee as well; constant slight to intermittent moderate and occasionally severe pain in both ankle and feet, right greater than left; stiffness, tightness, and limited motion of the ankle and feet; and she is taking Norco, one pill every 6-8 hours as needed for pain, Mobic, one pill a day for inflammation, and Zantac, one pill a day to protect the

stomach from gastrointestinal upset. Objective findings included a guarded gait; ambulates with shortened stride length and width; patellofemoral crepitus bilaterally; decreased ranges of motion of the knees; clicking of the right knee with anterior Drawer's test; and atrophy of the left quadriceps musculature. The treatment plan has included the request for retrospective Ranitidine Hydrochloride 150mg quantity: 60, date of service: 06/09/15; retrospective Meloxicam 15mg quantity: 30, date of service: 06/09/15; Ranitidine Hydrochloride 150mg quantity: 60; and Meloxicam 15mg quantity: 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Ranitidine Hydrochloride 150mg quantity 60 DOS 6-9-15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

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

**Decision rationale:** The patient presents on 06/09/15 with intermittent lower back pain which radiates into the bilateral lower extremities (right greater than left), intermittent pain in the bilateral shoulders (right greater than left), intermittent pain in the bilateral knees (right greater than left), and intermittent moderate pain in the bilateral ankles and feet (right greater than left). The patient's date of injury is 10/24/03. Patient is status post arthroscopy and total knee replacement of an unspecified knee. The request is for RETROSPECTIVE RANITIDINE HYDROCHLORIDE 150MG QUANTITY 60 DOS 06/09/15. The RFA was not provided. Physical examination dated 06/09/15 reveals reduced range of motion on flexion in the bilateral knees (100 degrees on the right, 115 on the left), a guarded antalgic gait, "clicking" in the right knee during the anterior drawer test, and atrophy of the left quadriceps muscle. The patient is currently prescribed Mobic, Zantac, Terocin Cream, and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the retrospective request for Ranitidine the provider has not documented GI upset secondary to NSAID medications. The reports provided show the patient has been prescribed this medication since at least 03/10/15. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent report. This patient is currently prescribed an NSAID: Mobic. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high- dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request is not medically necessary.

#### **Retrospective Meloxicam 15mg quantity 30 DOS 6-9-15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** The patient presents on 06/09/15 with intermittent lower back pain which radiates into the bilateral lower extremities (right greater than left), intermittent pain in the bilateral shoulders (right greater than left), intermittent pain in the bilateral knees (right greater than left), and intermittent moderate pain in the bilateral ankles and feet (right greater than left). The patient's date of injury is 10/24/03. Patient is status post arthroscopy and total knee replacement of an unspecified knee. The request is for RETROSPECTIVE MELOXICAM 15MG QUANTITY 30 DOS 06/09/1. The RFA was not provided. Physical examination dated 06/09/15 reveals reduced range of motion on flexion in the bilateral knees (100 degrees on the right, 115 on the left), a guarded antalgic gait, "clicking" in the right knee during the anterior drawer test, and atrophy of the left quadriceps muscle. The patient is currently prescribed Mobic, Zantac, Terocin Cream, and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 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 Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the retrospective request of Mobic for this patient's chronic lower extremity pain, inadequate documentation of medication efficacy has been provided. This patient has been prescribed Mobic since at least 03/10/15. However, there is no documentation of analgesia in the subsequent reports, and it appears that this patient's knee, ankle, and shoulder complaints have persisted in spite of NSAID treatment. MTUS guidelines require documentation of analgesia attributed to medications to substantiate continuation. In this case, no such documentation is provided. Therefore, the request is not medically necessary.

**Ranitidine Hydrochloride 150mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

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

**Decision rationale:** The patient presents on 06/09/15 with intermittent lower back pain which radiates into the bilateral lower extremities (right greater than left), intermittent pain in the bilateral shoulders (right greater than left), intermittent pain in the bilateral knees (right greater than left), and intermittent moderate pain in the bilateral ankles and feet (right greater

than left). The patient's date of injury is 10/24/03. Patient is status post arthroscopy and total knee replacement of an unspecified knee. The request is for RANITIDINE HYDROCHLORIDE 150MG QUANTITY 60. The RFA was not provided. Physical examination dated 06/09/15 reveals reduced range of motion on flexion in the bilateral knees (100 degrees on the right, 115 on the left), a guarded antalgic gait, "clicking" in the right knee during the anterior drawer test, and atrophy of the left quadriceps muscle. The patient is currently prescribed Mobic, Zantac, Terocin Cream, and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Ranitidine the provider has not documented GI upset secondary to NSAID medications. The reports provided show the patient has been prescribed this medication since at least 03/10/15. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent report. This patient is currently prescribed an NSAID: Mobic. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request is not medically necessary.

**Meloxicam 15mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** The patient presents on 06/09/15 with intermittent lower back pain which radiates into the bilateral lower extremities (right greater than left), intermittent pain in the bilateral shoulders (right greater than left), intermittent pain in the bilateral knees (right greater than left), and intermittent moderate pain in the bilateral ankles and feet (right greater than left). The patient's date of injury is 10/24/03. Patient is status post arthroscopy and total knee replacement of an unspecified knee. The request is for MELOXICAM 15MG QUANTITY 30. The RFA was not provided. Physical examination dated 06/09/15 reveals reduced range of motion on flexion in the bilateral knees (100 degrees on the right, 115 on the left), a guarded antalgic gait, "clicking" in the right knee during the anterior drawer test, and atrophy of the left quadriceps muscle. The patient is currently prescribed Mobic, Zantac, Terocin Cream, and Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 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 Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Mobic for this patient's chronic lower extremity pain, inadequate documentation of medication efficacy has been provided. This patient has been prescribed Mobic since at least 03/10/15. However, there is no documentation of analgesia in the subsequent reports, and it appears that this patient's knee, ankle, and shoulder complaints have remained the same in spite of NSAID therapy. MTUS guidelines require documentation of analgesia attributed to medications to substantiate continuation. In this case, no such documentation is provided. Therefore, the request is not medically necessary.