MAXIMUS Federal Services

Case Number:	CM15-0122536		
Date Assigned:	07/06/2015	Date of Injury:	02/18/2010
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 55 year old male, who sustained an industrial injury on February 18, 2010 while working for an air-conditioning company. The mechanism of injury was not provided. The injured worker has been treated for low back and left knee complaints. The diagnoses have included chronic lumbago, lumbosacral spondylosis without myelopathy, left knee pain, facet joint syndrome and sacroiliac joint degenerative joint disease. Documented treatment and evaluation to date has included medications, radiological studies, MRI and electrodiagnostic studies. The injured worker was noted to not be working. Current documentation dated May 27, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities with associated numbness and tingling. The documentation notes that the injured worker was to have low back surgery and left knee surgery, which have been postponed due to caring for his spouse. The injured workers current medications include Norco and Naproxen which were noted to decrease his pain by 50%. There has been no noted change in his pain. Examination of the lumbar spine revealed a painful range of motion. Motor strength was grossly normal. The treating physician's plan of care included requests for Naproxen 500 mg #60 with 1 refill and Ranitidine 150 mg # 60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #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 NSAIDs Page(s): 66-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. The documentation notes that the injured worker had been prescribed Naproxen since at least September of 2014. In this case, the subsequent documentation supports that the injured worker was subjectively and objectively unchanged. The documentation does not show significant pain relief or specific functional improvement as a result of the medication. The request for Naproxen is not medically necessary.

Ranitidine 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67, 68.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a PPI or misoprostol or a Cox-2 selective agent. Long-term proton pump inhibitor medication use (greater than one year) has been shown to increase the risk of hip fracture. In this case, the injured worker was noted to be received Ranitidine for gastrointestinal upset. There was no indication that the injured worker was at risk for a gastrointestinal event or a diagnoses which would indicate the need for a proton pump inhibitor medication. Ranitidine is an H2 blocker and even if the IW required GI protection it would not be indicated and thus is not be medically necessary.