

Case Number:	CM15-0170151		
Date Assigned:	09/10/2015	Date of Injury:	04/01/2013
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male who sustained an industrial injury on 4-1-13. A review of the medical records indicates that he is undergoing treatment for lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, lumbar degenerative disc disease with severe lateral recess stenosis with moderate central and foraminal stenosis impinging on the descending and exiting nerve roots bilaterally - left greater than right, previous history of laminectomy in 1998 with questionable fusion history with complete resolution symptoms for over 16 years, medication-induced gastritis, right 4th metatarsal fracture secondary to fall on 10-3-14 - industrial related, and bilateral lower extremity radiculopathy with neurogenic claudication. Medical records (1-26-15 to 6-29-15) indicate that the injured worker has had ongoing complaints of low back pain, radiating to bilateral lower extremities. He rates the pain "7 out of 10" consistently. The pain is noted to "limit mobility and activity tolerance" (6-29-15). On physical exam, he was consistently noted to have decreased range of motion in the lumbar spine with muscle guarding and muscle rigidity. He was also noted to have tender trigger points. His neurologic exam revealed a deficit in the Achilles tendon. He also was noted to have motor deficits in the left lower extremity and sensory deficits. His current medications include Norco 10-325 twice daily as needed, Anaprox DS 550mg twice daily as needed, Prilosec 20mg twice daily as needed, Neurontin 300mg three times daily as needed, Elavil 25mg 1-2 tablets at bedtime, and Lidoderm 5% daily (if insurance authorizes). The records indicate that the injured worker is taking Norco up to twice daily with "30-40%" relief (6-29-15). It was also noted that he "receives relief from Anaprox and Neurontin due to significant symptoms in lower

extremities" (6-29-15). The injured worker requested a refill of Prilosec, as he "develops medication-induced gastritis" (6-29-15). Treatment has included oral medications, acupuncture, home exercise program - which was noted to be "limited due to flare-ups of low back pain symptoms", stretching exercises, physical therapy, Non-steroidal anti-inflammatory medications, muscle relaxants, psychological treatment for depression, and a lumbar epidural steroid injection on 12-8-14. Diagnostic testing has included a lumbar MRI on 5-22-13 and, again, on 2-6-15, as well as an EMG-NCV. He is currently not working. The request for authorization of Anaprox DS and Prilosec is not available for review. The utilization review (8-5-15) indicates denial of both medications. Rationale for Anaprox DS denial indicates that the injured worker receives the medication on a scheduled basis and "reportedly suffers gastritis without any measurable improvement in pain limited function". Rationale for Prilosec denial indicates that the medication "should only be used along with NSAIDs for individuals greater than 64 years old, an intermediate risk of gastrointestinal events, or the treatment of gastroesophageal reflux disease", in which the injured worker is not diagnosed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anaprox DS 550mg DOS: 6/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

Retrospective Prilosec 20mg QTY 60 DOS: 6/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) 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 (200 ug 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). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" While it is noted that the injured worker does develop medication induced gastritis symptoms, as continued NSAID therapy was not indicated, Prilosec is not indicated. The request is not medically necessary.