

Case Number:	CM15-0097320		
Date Assigned:	05/28/2015	Date of Injury:	07/09/2012
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/20/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 59-year-old male patient who sustained an industrial injury on 07/09/2012. A recent primary treating office visit dated 02/04/2015 reported the patient with subjective complaint of having ongoing right foot and right knee pains. He currently rates the pain 5 out of 10 in intensity. The use of medications decreases his pain from a 6 in intensity to a 3 in intensity. He reports using a cane to ambulate along with orthotics. He continues to participate in daily walking and home exercises. Current medications consist of: Norco 10/325mg, Relafen, and Prilosec. Objective findings showed the right foot with tenderness to palpation of the medial side near the great toe and the bottom of the right toe. The right knee revealed tenderness to palpation to the anteromedial area. The patient does have an antalgic gait to the right. He is diagnosed with the following: status post right large toe fracture, persistent pain in the forefoot; right foot magnetic resonance imaging from 09/20/2012 showed small neuromas of the 2nd, 3rd, and 4th interspaces, and right knee pain. The plan of care noted the patient continuing with Norco 10/325mg, Relafen (also dispensed), obtain a urine drug screen and follow up in 2 months. A visit back on 12/10/2014 reported subjective complaint of having persistent right foot and left hand pain. He states the pain has overall remained unchanged since last visit. He reports that the additional Norco has been significantly helpful. The Norco noted with an increased dose secondary to the patient having to use two tabs covering increased pain levels and therefore, running out of prescription early. That is the only change to the medication regimen. The treating diagnoses and plan of care remain unchanged. The month prior, on 11/13/2014 it was noted the patient medications being switched from Naprosyn to Voltaren with

thoughts of ultimately getting him on Relafen. Prilosec was also initiated in November for gastric issue. The oldest dated visit of 06/06/2014 described subjective complaint of having ongoing right foot, ankle and knee pain. He has undergone a magnetic resonance imaging study and acupuncture treatment. He states the acupuncture as very beneficial bringing his pain level down from a 7 in intensity to a 3. He states taking one Norco tablet daily and it continues beneficial. The right knee pain continues to increase, and he is using a cane. He is in need of medication refills this visit. The treating diagnoses remain unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Nabumetone (Relafen) Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case, the request was for Relafen 750 mg #60, which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition, there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 750mg #60 with 1 refill is not medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg #30 with 1 refill is not medically necessary.

