

<b>Case Number:</b>	CM15-0097613		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old male who sustained an industrial lifting injury on 04/07/2014. The injured worker was initially diagnosed with cervical sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, left knee partial lateral meniscus tear and left ankle sprain/strain. The injured worker underwent left lateral meniscectomy with noted crystal formation on August, 15, 2014. After laboratory testing, the injured worker was diagnosed with gout. Treatment to date includes diagnostic testing with recent cervical spine, lumbar and thoracic magnetic resonance imaging (MRI) in April 2015, physical therapy, acupuncture therapy, knee aspirations, psychiatric and rheumatology consultations, Cognitive Behavioral Therapy (CBT), oral and topical medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience mild neck, right shoulder and left knee pain. The injured worker rates his average pain level at 4/10 increasing to 8/10 with activity. Examination of the cervical spine demonstrated slight stiffness of posture and movement with mild tenderness and pain to palpation. Negative axial compression and negative trigger points were noted. The lower back was tender to palpation with decreased range of motion with positive Lasegue's, Cram's and sciatic notch testing bilaterally. Sensory was intact. Motor strength was decreased bilaterally with inability to heel and toe walk. Current medications are listed as Tylenol #4, Naprosyn, topical analgesics and Prilosec. This is a retrospective request for Tylenol #4 and Prilosec (DOS: 4/30/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 4 Qty 90 (retro DOS 4/30/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 48 year old male has complained of cervical spine pain, shoulder pain, left knee and ankle pain since date of injury 4/7/14. He has been treated with surgery, acupuncture, physical therapy and medications to include opioids since at least 12/2010. The current request is for Tylenol No. 4. (Retro DOS 4/30/15). No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tylenol No 4 is not indicated as medically necessary.

**Prilosec 20 mg Qty 90 (retro DOS 4/30/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 48 year old male has complained of cervical spine pain, shoulder pain, left knee and ankle pain since date of injury 4/7/14. He has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.