

Case Number:	CM14-0182180		
Date Assigned:	11/07/2014	Date of Injury:	08/27/2014
Decision Date:	10/13/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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, Indiana, New York
 Certification(s)/Specialty: 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 53 year old male, who sustained an industrial injury on 8-27-2014. Medical records indicate the worker is undergoing treatment for sprain-strain of the cervical and lumbar spine and the right shoulder. A recent progress report dated 9-30-2014, reported the injured worker complained of pain in the cervical and lumbar spine and right shoulder. Physical examination revealed cervical spine forward flex 4-degrees and extension 50 degrees with tightness and spasm, lumbar flexion 50 degrees and extension 20 degrees with tightness and spasm and right shoulder flexion 160 degrees and extension 45 degrees with tenderness. Treatment to date has included physical therapy and medication management. On 9-30-2014, the Request for Authorization requested Prilosec 20 mg #30 and Anaprox 550mg #120. On 10-14-2014, the Utilization Review noncertified Prilosec 20 mg #30 and Anaprox 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, take 1 x daily to prevent stomach acid #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Prilosec.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg one by mouth daily to prevent stomach acid #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical spine sprain strain; right shoulder sprain strain; and lumbosacral sprain strain. Date of injury is August 27, 2014. Request for authorization is September 30, 2014. According to a progress note dated September 30, 2014 (initial new patient evaluation), the injured worker's subjective complaints include cervical, lumbar and right shoulder pain. Objectively there is tightness and spasms in the paraspinal cervical muscle groups and lumbar paraspinal muscle groups. The right shoulder is tender to palpation. The treating provider has not yet reviewed prior medical records. The treating provider prescribed Prilosec to prevent stomach acid. There is no documentation of comorbid conditions or risk factors for gastrointestinal events including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for Prilosec and no documentation with comorbid conditions or risk factors for gastrointestinal events, Prilosec 20 mg one by mouth daily to prevent stomach acid #30 is not medically necessary.

Anaprox 550mg, take 2x daily for inflammation #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg two times daily for inflammation #120 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine sprain strain; right shoulder

sprain strain; and lumbosacral sprain strain. Date of injury is August 27, 2014. Request for authorization is September 30, 2014. According to a progress note dated September 30, 2014 (initial new patient evaluation), the injured worker's subjective complaints include cervical, lumbar and right shoulder pain. Objectively there is tightness and spasms in the paraspinal cervical muscle groups and lumbar paraspinal muscle groups. The right shoulder is tender to palpation. The treating provider has not yet reviewed prior medical records. The treating provider prescribed Anaprox 550 mg #120 (a two month supply). This is a first prescription and a one-month supply is clinically indicated. Pending documentation of objective functional improvement, a refill may, at that time, be clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and an excessive number of Anaprox 550 mg tablets (#120 two-month supplies), Anaprox 550 mg two times daily for inflammation #120 is not medically necessary.