

Case Number:	CM13-0022212		
Date Assigned:	11/13/2013	Date of Injury:	06/02/2003
Decision Date:	04/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 06/02/2003. The mechanism of injury was a slip and fall from a ladder. The patient's medication history was noted to include Final Determination Letter for IMR Case Number [REDACTED] NSAIDs, opiates, and PPIs as of 07/2012. The patient's diagnoses were noted to include lumbar radiculopathy, rheumatoid arthritis, status post L2 compression fracture, and lumbago. The documentation submitted for review dated 08/23/2013 revealed that without medications, the patient had worsening low back pain and had difficulty performing activities of daily living. With the medications, it was indicated the patient was able to continue work. The patient's pain severity is 5/10 with medications and 7/10 to 8/10 without medications. The request was made for refills of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO, INDOCIN 75MG, #60: 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 Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The patient was noted to be taking the medication since 2012. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score. There was a lack of documentation indicating the patient had objective functional improvement with the medication. Given the above, the request for RETRO, INDOCIN 75MG, #60 is not medically necessary.

RETRO, PRILOSEC 20MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate treatment for dyspepsia secondary to NSAID therapy. The patient was noted to be taking the medication since 2012. There was a lack of documentation of the efficacy of the requested medication. As the NSAID was not medically necessary, the PPI is not medically necessary. Given the above, the request for RETRO, PRILOSEC 20MG, #30 is not medically necessary.