

Case Number:	CM13-0032955		
Date Assigned:	12/06/2013	Date of Injury:	03/07/2012
Decision Date:	02/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 42 year-old male patient sustained an injury on 3/7/12 while employed by [REDACTED]. Requests under consideration include Relafen and Prilosec. Report of 8/19/13 from [REDACTED] noted patient with constant low back pain that radiates into left leg down into the foot. Medication includes Norco. Exam showed normal gait; tenderness in lumbar paraspinal region on left; no spasm; decreased strength at left EHL 4/5; decreased sensation on L5 and S1; decreased range. Diagnoses include Lumbosacral Neuritis unspecified. Treatment plan include Relafen, Ultram, Prilosec and Ambien. Requests for medications above were non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 22.

Decision rationale: This 42 year-old male patient sustained an injury on 3/7/12 while employed by [REDACTED]. Report of 8/19/13 from noted patient with constant low back pain that

radiates into left leg down into the foot. Medication includes Norco. Exam showed normal gait; tenderness in lumbar paraspinal region on left; no spasm; decreased strength at left EHL 4/5; decreased sensation on L5 and S1; decreased range. Diagnoses include Lumbosacral Neuritis unspecified. Treatment plan include Relafen, Ultram, Prilosec and Ambien. Requests under consideration include Relafen. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of March 2012 with diagnosis of lumbosacral neuritis nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Relafen is not medically necessary or appropriate.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 68-69.

Decision rationale: This 42 year-old male patient sustained an injury on 3/7/12 while employed by [REDACTED]. Report of 8/19/13 noted patient with constant low back pain that radiates into left leg down into the foot. Medication includes Norco. Exam showed normal gait; tenderness in lumbar paraspinal region on left; no spasm; decreased strength at left EHL 4/5; decreased sensation on L5 and S1; decreased range. Diagnoses include Lumbosacral Neuritis unspecified. Treatment plan include Relafen, Ultram, Prilosec and Ambien. Requests under consideration include Prilosec. This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec is not medically necessary and appropriate.