

<b>Case Number:</b>	CM13-0057238		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and 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 injured worker is a 60-year-old female who reported an injury on 11/29/2011. The mechanism of injury was not provided. On the 05/30/2014 the injured worker presented with chronic pain to her cervical and lumbar spine and right shoulder. Prior therapy included acupuncture therapy and medications. On examination, the injured worker ambulated with a 1 point cane, there was mild spasm and tenderness observed to the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. The diagnoses were cervical sprain/strain, lumbar sprain/strain, and shoulder impingement. The provider recommended omeprazole 20 mg and nabumetone 750 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #60:** 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 GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for omeprazole 20 mg #60 is non-certified. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured worker with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are moderate to high risk for gastrointestinal events. According to the medical documentation, it did not indicate that the injured worker had complaints or symptoms of gastrointestinal symptoms. It did not appear that the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear that the injured worker was at risk for gastrointestinal events. Furthermore, a medication list was not provided, and there is lack of evidence of whether the omeprazole was continuing or a new medication. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.

**NABUMETONE 750MG #60:** 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 NSAID's Page(s): 70.

**Decision rationale:** The request for nabumetone 750 mg #60 is non-certified. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis and injured worker with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured worker with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. The included medical documentation lacked evidence of a medication list. There is lack of documentation of whether nabumetone is a new or continuing medication. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is non-certified.