

Case Number:	CM13-0066668		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2009
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 37 year-old male who was injured on 2/17/09. He has been diagnosed with lumbar failed surgery syndrome; lumbar radiculopathy; headaches; depression; s/p SCS implant; chronic pain; vitamin D deficiency. According to the 11/7/13 pain management report from [REDACTED], the patient presents with low back pain radiating down both lower extremities. Pain is 10/10 without medications and 9/10 with medications. The SCS only helps with leg pain. The plan was to try intrathecal drug administration. He was discontinued on Norco, and has 3-weeks for MS Contin. He takes Gabapentin and vitamin D, Fioricet, ibuprofen, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and

assessment of treatment efficacy is accomplished by reporting functional improvement," The patient has minimal improvement with ibuprofen, but minimal improvement is not the same as no improvement. MTUS states antiinflammatory medications are first line treatment, and states : "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient presents with back and leg pain. He has failed back surgery syndrome. Pain was described as 10/10 without medications, and medications bring it to 9/10. The request for Ibuprofen 800 mg # 90 is medically necessary and appropriate.

NEXIUM 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 66-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors: Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)..." The medical records provided for review did not discuss any of the GI risk factors for GI events that would support use of Nexium on a prophylactic basis. The available reporting does not provide any rationale for use of Nexium. The patient is not reported to have history of GI events or any GI risk factors, or current GERD or reflux symptoms, and there is no mention of medication induced dyspepsia. The use of Nexium without any GI risk factors, or GI symptoms, is not in accordance with MTUS guidelines. The request for Nexium 20 mg # 30 is not medically necessary and appropriate.