MAXIMUS Federal Services

Case Number:	CM14-0106883		
Date Assigned:	09/16/2014	Date of Injury:	10/03/2003
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Internal Medicine 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 is a 54 year old male whose reported date of industrial injury was 10/3/2003. He had low back pain that was exacerbated by movement and radiated into the right lower extremity and groin. He had lumbar fusion in 2008 and intrathecal pump placement in 2010. He had repeat lumbar spine surgery in August 2013. Additional complaints included sleep problems due to pain. He also had complaints of frustration and depression related to chronic pain. His diagnoses included secondary insomnia, depression, lumbar pain and lumbar radiculopathy. He also had numbness and tingling in the right foot. The physician had requested ibuprofen 800 mg three times a day and omeprazole for management of GI symptoms of ibuprofen therapy and to prevent complications of ulcer and adverse GI events with NSAID therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID for Back pain - chronic back pain, and Neuropathic pain Page(s): 68.

Decision rationale: NSAID such as ibuprofen are recommended as an option in the treatment of chronic back pain and mixed painful conditions that have neuropathic (or radiculopathic) components. This is particularly true is patients have acute exacerbations of pain that is otherwise chronic and also possibly if unique patients derive particular benefit from this class of agents. Therefore, given that the patient has benefit derived from this class of medicines, as documented by the provider; this class of medications is considered an option and considered reasonable in the pain management program of this patient. Therefore, the request is medically necessary.

Omeprazole 20mg: 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 and GI/Cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence: Reference - BS Anand et al. Endoscopy 31; 215 (1999).

Decision rationale: As documented in the guidelines cited, GI chemoprophylaxis with proton pump inhibitors are recommended in patients who are moderate to high risk of suffering of a GI event. Moderate and high risk are defined by a history of peptic ulcer in the past or age over 65 years. Both these factors are not applicable to this patient. It is reported that the patient had GI side effects of NSAID therapy. Presumably this means dyspepsia but no specific details are provided. If patients has ongoing dyspepsia, common medical standards would dictate that the patient undergo an appropriate evaluation to diagnose the source of the dyspepsia. If there is a high correlation of GI symptoms with NSAID therapy, this should be documented clearly. Dyspepsia can be a manifestation of disorders such as peptic ulceration, gastroesophageal reflux, pancreatic problems, cholecystitis and cholelithiasis as well as more serious pathologies such as gastric and duodenal tumor. Therefore, chronic PPI therapy should not be undertaken to mask symptoms without an accurate and appropriate / comprehensive assessment because of the risk of masking symptoms of a serious disorder, as outlined above. Therefore, the request is not recommended. It is suggested that obtaining a gastroenterological consultation be pursued with appropriate therapy provided by a specialist in that field. Although a trial of proton pump inhibitor treatment is appropriate for new onset dyspepsia related to NSAID or without NSAID, long term treatment in the absence of an underlying diagnosis is not medically necessary.