

Case Number:	CM14-0016765		
Date Assigned:	04/11/2014	Date of Injury:	02/21/2013
Decision Date:	05/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 67 year-old male who reported an injury on 02/21/2013; the mechanism of injury was a lifting injury. The injured worker had diagnoses including lumbar facet pain, low back pain and spasm of muscles. The injured worker reported chronic low back pain and spasms. Previous treatments included medications, work restrictions, rest, home exercise program and physical therapy. The clinical note dated 01/24/2014 noted the injured worker complained of low back pain and reported his pain level was increased. The injured worker admitted to not taking his medication as prescribed. It was noted he had stopping taking his ibuprofen due to the side effect of stomach aches. The physician indicated the injured worker was unable to use medications containing acetaminophen due to the injured workers elevated liver enzymes. Norco was effective; however, it was discontinued due to the elevated liver function tests. The provider recommended the injured worker restart Ibuprofen 600 mg three times a day for antiinflammatory pain relief and start Dexilant dr 60 mg to address gastrointestinal distress with use of the ibuprofen. The request for ibuprofen 600MG, #90 and dexilant, #30 was submitted on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600MG, #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines note anti-inflammatory medications are recommended as a traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The clinical note indicated the injured worker previously stopped taking the ibuprofen due to its side effect of stomach aches. The documentation fails to indicate the efficacy of the medication; there was a lack of documentation indicating the injured worker had significant objective functional improvement when he was taking the medication previously. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, due to the lack of required documentation to support the request for ibuprofen 600mg #90 is not medically necessary.

DEXILANT, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines recommend providers should determine if the injured worker is at risk for gastrointestinal events utilizing the following criteria: (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 documentation fails to indicate whether the injured worker is at risk for gastrointestinal events. It was unclear if the patient had a history of peptic ulcer, GI bleeding or perforation. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, with the lack documentation to support the need, Dexilant is not medically necessary.