

Case Number:	CM14-0112101		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2006
Decision Date:	10/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 45 year old male who was injured on 04/18/2006. The mechanism of injury is unknown. Prior treatment history has included Toradol injection, 4 weeks of physical therapy with benefit. Prior medication history included ibuprofen 800 mg, Nucynta 75 mg, and Prilosec. A progress report dated 06/06/2013 states the patient presented with complaints of neck pain rated as 4/10 with associated numbness and tingling. On exam, range of motion of the lumbar spine was decreased throughout. There is positive tenderness to palpation of the bilateral cervical paraspinals. The patient is diagnosed with herniated nucleus pulposus of the cervical spine. The patient was recommended for Omeprazole 20 mg #60; and ibuprofen 800 mg #60 which he has been utilizing since 03/10/2014. There were no complaints or diagnosis of GI condition. Prior utilization review dated 06/13/2014 states the requests for Omeprazole 20mg #60; and Ibuprofen 800mg #90 are denied as they are not medically necessary.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The above MTUS guidelines regarding proton pump inhibitors in the setting of GI symptoms & cardiovascular risk states "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture." In this case, it appears the Omeprazole was started as prophylaxis given concomitant NSAID use. Being that the NSAID is non-certified at this time, there is no medical necessity for a PPI. In addition, there is no documentation of history of peptic ulcer, GI bleeding or perforation, concurrent use of corticosteroids, concurrent high dose NSAID use, including in consultation note on 7/3/13. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Ibuprofen 800mg #90: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The above MTUS guidelines for NSAIDs for osteoarthritis states "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function." Regarding back pain the guidelines state "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage." In this case notes from 6/6/13, 3/10/14, and 5/6/14 report the patient has neck pain without noting any acute exacerbation, and all 3 notes show that the patient is on ibuprofen. Being that the guidelines recommends NSAIDs for only short term, and in this case the patient has been on NSAIDs for almost a year with no compelling rationale to continue, the request is deemed not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.