

Case Number:	CM14-0124849		
Date Assigned:	08/11/2014	Date of Injury:	03/28/2007
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 Nevada. 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 records presented for review, indicate that this 45 year old male was reportedly injured on 3/28/2007. The mechanism of injury is undisclosed. The most recent progress note, dated 7/24/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated the patient is obese with limited range of motion in the lumbar spine with pain and good strength in both lower extremities. No recent diagnostic studies are available for review. Previous treatment included previous surgery, epidural steroid injection, medications, and conservative treatment. A request was made for Ibuprofen 800 milligrams quantity ninety and Prilosec 20 milligrams quantity thirty was not certified in the preauthorization process on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic low back pain. When noting the claimant's date of injury, diagnosis, and signs/symptoms, there is a clinical indication for the use of this medication. However, there is no documentation as far as the benefits of this medication to include decrease in pain and increase in function. Therefore, this request is considered not medically necessary at this time.

PRILOSEC 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPIs) in patients taking non-steroidal anti-inflammatory medications with documented gastro esophageal (GI) distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.