

Case Number:	CM14-0125621		
Date Assigned:	08/11/2014	Date of Injury:	12/11/2012
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
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 Orthopedic Surgeon 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 worker is a 50-year-old female who reported an injury due to heavy lifting on 12/11/2012. On 06/04/2014, her diagnoses included L4-5, L5-S1, 2 mm disc bulge, L4-5, L5-S1 facet arthropathy, chronic low back pain, myoligamentous sprain of the lumbar spine and muscle spasms of the lumbar spine. Complaints included lumbar pain rated at 7-8/10, constant in nature with occasional flare-ups, spasms and burning radiating to her thighs. She stated that she felt bilateral lower extremity weakness. She has had a positive stoop test and her lumbar ranges of motion measured in degrees were flexion 45/90, extension 10/25, right and left lateral bending, 15/25. Her medications and the rationale were as follows: for baseline pain management and inflammation, Ibuprofen 800mg, to protect the gastric mucosa, Omeprazole 20mg. A Request for Authorization dated 06/04/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, online version pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. In cases of chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. Literature reviewed 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 effect than placebo and acetaminophen but fewer effects than muscle relaxants or narcotic agents. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis and off label for ankylosing spondylitis. This worker does not have a diagnosis of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Additionally, she has been using Ibuprofen of an undetermined period of time. Furthermore, the request does not specify frequency of administration. Therefore, this request for ibuprofen 800 mg #90 with 2 refills is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended but clinicians should weigh the indications against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Omeprazole is a proton pump inhibitor used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. The injured worker does not have any of the above diagnoses nor does she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request does not specify frequency of administration. Therefore, this request for Omeprazole 20mg #30 with 2 refills is not medically necessary.