

<b>Case Number:</b>	CM14-0136839		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Emergency 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 worker is a 42-year-old female who reported an injury on 01/28/2013. The mechanism of injury occurred when a box containing 18 pairs of shoes fell on the injured worker. The diagnoses included cervical sprain/strain, cervical muscle spasms, cervical disc protrusion, lumbar sprain/strain, lumbar muscle spasms, lumbar disc protrusion, and trigger finger on the right. Previous treatments included medication, chiropractic treatment, and a home exercise program. Within the clinical documentation dated 06/10/2014, it was reported that the injured worker complained of neck and low back pain. She rated her pain 4/10 in severity. Upon physical examination, the provider noted the injured worker to have tenderness to the cervical and lumbar paravertebrals. There was decreased sensation and decreased range of motion. A request was submitted for ibuprofen, omeprazole, and pantoprazole. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg quantity of 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nonselective NSAIDS Page(s): 71, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note that NSAIDs are recommended for signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the requested Ibuprofen 600mg quantity of 30 is not medically necessary and appropriate.

**Omeprazole 20mg quantity of 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68 - 69.

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

**Decision rationale:** The California MTUS Guidelines note that proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include age over 65, history of peptic ulcer, gastrointestinal bleeding, or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The documentation submitted did not indicate that the injured worker had a history of peptic ulcer, gastrointestinal bleeding, or perforation. There is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request of Omeprazole 20mg quantity of 30 is not medically necessary and appropriate.

**Pantoprazole 40mg quantity of 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68 - 69.

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

**Decision rationale:** The California MTUS Guidelines note that proton pump inhibitors such as pantoprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include age over 65, history of peptic ulcer, gastrointestinal bleeding, or perforation, and use of corticosteroids and/or

anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation submitted did not indicate that the injured worker had a history of peptic ulcer, gastrointestinal bleeding or perforation, or use of corticosteroids and/or anticoagulants. There is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the requested Pantoprazole 40mg quantity of 30 is not medically necessary and appropriate.