

Case Number:	CM14-0170791		
Date Assigned:	10/23/2014	Date of Injury:	06/28/2011
Decision Date:	11/25/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and various interventional spine procedures involving the lumbar spine. In a Utilization Review Report dated September 12, 2014, the claims administrator denied request for nabumetone and omeprazole. The applicant's attorney subsequently appealed. In a progress note dated August 20, 2014, the applicant reported ongoing complaints of neck and low back pain sometimes worsened by her work as a cashier. The applicant stated that she had recently taken on a new role although only as a cashier. The applicant had received extensive chiropractic manipulative therapy, physical therapy, and acupuncture, the attending provider acknowledged. The applicant's medication list included oral ketoprofen, Prilosec, and topical Mentherm, which the attending provider stated was improving the applicant's overall level of function. Prescriptions for oral Relafen and Prilosec were endorsed. Facet joint injections were apparently also sought. It was acknowledged that the applicant was already permanent and stationary. In an applicant questionnaire dated August 20, 2014, the applicant stated that she was seemingly working modified duty, with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Nabumetone 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. , Anti-inflammatory Medicat.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone (Relafen) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. In this case, however, the attending provider seemingly furnished the applicant with a prescription for nabumetone on the same date on which he reported that the applicant was concurrently using oral ketoprofen, another anti-inflammatory medication. The attending provider did not state whether he was discontinuing ketoprofen in favor of nabumetone and, if so why. The attending provider did not clearly state whether he is asking the applicant to use two separate NSAIDs, as opposed to one NSAID alone. Therefore, the request is not medically necessary.

120 capsules of Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic use of proton pump inhibitors is recommended in applicants who are using multiple NSAIDs. In this case, the timing of the request suggested that the applicant was/is using two separate NSAIDs, oral ketoprofen and oral nabumetone (Relafen). Prophylactic provision of omeprazole (Prilosec) is indicated in light of the fact that the applicant is seemingly using two separate oral NSAIDs. Therefore, the request is medically necessary.