

<b>Case Number:</b>	CM14-0177791		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Preventive Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 years old male employee with date of injury of 9/18/2013. A review of the medical records indicate that the patient is undergoing treatment for chronic pain syndrome spinal stenosis in the cervical region, postconcussion syndrome, depressive disorder, neck pain, vertigo, retrolisthesis. The patient is s/p spinal fusion (1997, right ACL reconstruction (2006) and right knee meniscus tear (2008). Subjective complaints include headaches, neck pain, dizziness and vertigo, and parasthesia in the upper extremities. Objective findings include neurological exam revealing decreased sensation right greater than left. Physical exam revealed tenderness to palpation over the midline of the cervical spine; problems with balance and steadiness with movement of the neck in all directions resulting in limited range of motion with regards to extension, flexion, and lateral rotation. There was decreased sensation in the right arm in comparison to the left. Physician also noted multiple trigger points and tenderness in the cervical muscles. Constitutional exam reveals no acute distress. An MRI revealed spinal stenosis at C5-C6 and C6-C7 with degenerative changes (2014). Treatment has included physical therapy. Medications have included Gabapentin, Ibuprofen, Naproxen, Neurontin, Omeprazole, Paxil, Vicodin and Zanaflex. The utilization review dated 10/24/2014 non-certified the request for 1 prescription of Ibuprofen 800mg #60 with 2 refills, 1 prescription of Omeprazole 20mg #60 with 2 refills, 1 urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ibuprofen 800mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Ibuprofen, NSAIDs Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Ibuprofen 800mg, #60 with 2 refills is not medically necessary.

**1 prescription of Omeprazole 20mg #60 with 2 refills: Upheld**

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

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

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And "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 (200 g 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 (adjusted odds ratio 1.44).The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 60 with two refills is not medically necessary.The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 60 with two refills is not medically necessary.

**1 urine drug screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

**Decision rationale:** MTUS states that "use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally." Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U/A TEST FOR TOXICOLOGY is not medically necessary.