

Case Number:	CM14-0178792		
Date Assigned:	11/03/2014	Date of Injury:	09/23/2009
Decision Date:	12/08/2014	UR Denial Date:	10/05/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

12/15/13 note indicates pain in left shoulder and lumbar spine. There is left shoulder pain and low back pain with radiation of pain down left arm. The insured was reported to be taking omeprazole, Relafen, and topical analgesic cream to alleviate his symptoms. Exam notes reduced range of motion with negative impingement test and empty can test bilaterally. There is positive straight leg raise bilaterally. 10/7/13 supplemental report notes GI evaluation notes. There was reported IBS aggravated by NSAID with evidence of gastro esophageal reflux. The insured was recommended for use of omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate)

in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of nabumetone for the insured as there is no indication of objective benefit in function.

Omeprazole 20mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. An NSAID is not supported for continued treatment based on the medical records provided for review. As such the medical records do not support a medical necessity for omeprazole in the insured.