

<b>Case Number:</b>	CM14-0181704		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old female who had a work injury dated 10/31/13. The diagnoses include lumbar discogenic disease and lumbar facet disease. Under consideration are requests for Ibuprofen and Omeprazole. There is a progress note dated 09/29/14, which states that the patient on the date of injury felt immediate low back pain while trying to move a patient to the middle of the bed. She reported the pain was severe and radiated into her left buttocks. The physical examination of the lumbar spine noted severe spasm of the left latissimus dorsi; flexion to 60 degrees; extension to 0 degrees with pain directly into her left hip; positive loading of facet sign; positive Kemp sign which is loading of the left facet directly on the left side with mention the right side is unaffected; rotation to 30 degrees bilaterally; tilt on the right to 15 degrees and on the left to 30 degrees; positive leg lift on the left at 15 degrees and on the right at 30 degrees; antalgic gait with limp on the left; neurologic exam noting tendon reflexes equal and bilateral; decreased pain and touch sensation on the left L4, L5 and L3 nerve root distributions; and decreased strength of the left abductor hallucis longus. The impression was lumbar facet disease L4-5 and L5-S 1 left and lumbar discogenic disease L4-5 and L5-S1 status post epidural steroid x 1. Treatment recommendation included medications Tramadol, Ibuprofen and Omeprazole, as well as facet blocks on the left at L4-5 and L5-S 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain - Acute exacerbations of chronic pain Page(s): 67-68; 72.

**Decision rationale:** Ibuprofen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for chronic low back pain NSAIDS are recommended as an option for short-term symptomatic relief. Progress notes dated March and May of 2014 note that Ibuprofen is "minimally effective." Additionally, the request as written denotes no quantity or strength. The MTUS states that Ibuprofen doses greater than 400 mg have not provided greater relief of pain. Without evidence of efficacy from prior Ibuprofen and with a clear quantity or strength the request for Ibuprofen is not medically necessary.

**Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Omeprazole is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The request does not indicate a quantity or strength. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and also the request for Ibuprofen which is an NSAID was not deemed medically necessary therefore Omeprazole is not medically necessary.