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| Case Number: | CM14-0026068 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 10/02/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 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:

According to the records made available for review, this is a 36 year old male with a 10/2/13 date of injury. At the time (2/12/14) of the Decision for retrospective Omeprazole 20mg #60 and retrospective Ketoprofen 75mg #60, there is documentation of subjective (low back pain which radiated to the left leg with mild intermittent numbness) and objective (tenderness to palpation over the lumbar paraspinal muscles) findings, current diagnoses (lumbar degenerative disc disease and lumbosacral or thoracic neuritis or radiculitis), and treatment to date (medication (specific medications unknown)).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines identifies risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events and/or preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and lumbosacral or thoracic neuritis or radiculitis. In addition, there is documentation of high dose NSAID. Therefore, based on guidelines and a review of the evidence, the request for retrospective Omeprazole 20mg #60 is medically necessary.

RETROSPECTIVE KETOPROFEN 75MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and lumbosacral or thoracic neuritis or radiculitis. In addition, there is documentation of low back pain. Therefore, based on guidelines and a review of the evidence, the request for retrospective Ketoprofen 75mg #60 is medically necessary.