

Case Number:	CM14-0030424		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2013
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 27-year-old female who was reportedly injured on September 24, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of neck pain, low back pain, left hip pain and left knee pain. The physical examination demonstrated tenderness at the medial aspect of the left knee. Diagnostic imaging studies objectified a disc bulge at L4-L5 and L5-S1. The cervical spine magnetic resonance imaging identified diffuse disc bulges from C2-C7. There was flattening of the dura at the C4-C5 level. A request had been made for ibuprofen, omeprazole and chiropractic therapy and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, QTY: 100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs Page(s): 67 of 127.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin are recommended at the lowest dosage for the shortest period time in patients with moderate to severe pain. The 800mg is the highest strength of Motrin available. There is no notation in the medical record that Motrin 800mg has any efficacy for the injured employee although it was stated that it has been causing some gastrointestinal issues. Efficacy of this medication should be established prior to continue it. For these reasons, this request for Motrin 800 mg is not medically necessary.

Omeprazole 20 mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) NSAIDs, GI symptoms and cardiovascular risk
Page(s): 68 of 127.

Decision rationale: According to the medical note dated February 7, 2014, the injured employee has been having some gastrointestinal issues most likely secondary to her usage of Motrin 800mg. A proton pump inhibitor such as omeprazole could be used to help control the symptoms; however, the efficacy of Motrin 800mg has not been established for the injured employee. As Motrin 800mg has not been found medically necessary at this time, neither is this request for omeprazole.