

Case Number:	CM14-0035317		
Date Assigned:	06/23/2014	Date of Injury:	11/11/2009
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Illinois. 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 who is 44-year-old female who reported an injury on 11/11/2009 due to an unknown mechanism. On the MRI done on 09/25/2012 revealed minor disc bulges at L2-L4 and 2.8mm disc bulge with annular tear at L4-L5 and 1mm disc bulge at L5-S1. On 04/01/2014 the injured worker complained of low back pain. She states that she had severe pain in her lower back and her knees which caused her to fall. The injured worker states that she takes Ibuprofen and Tizandine that relieves her pain as and using the topical relief compounds. On 04/01/2014 the physical examination revealed tenderness over the lumbosacral spine L4-L5 and L5-S1 facet area bilaterally but more on the right side. The injured worker blood pressure was noted at 135/109. The injured worker knee had some abrasions on both knees and had slight parapatellar tenderness on both knees. The injured worker diagnoses included lumbar spine stain/sprain, lumbar facet arthropathy, confirmed by the medial branch nerve block L4-L5 and L5-S1 bilaterally. It was noted the physician was going to stop her Ibuprofen due to hypertension and refer the injured worker to internal medicine. The treatment plan included a decision for Prilosec 20mg and Ibuprofen 800mg. The injured worker medications were not documented on physical examination on 04/01/2014. The authorization for request was submitted on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The authorization for the Prilosec 20mg is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines Prilosec 20 mg is recommended for patients at risk for gastrointestinal events. The injured worker diagnoses included lumbar spine strain/sprain, lumbar facet arthropathy, confirmed by the medial branch nerve block L4-L5 and L5-S1 bilaterally. Per the documentation given there is no evidence of the injured worker having gastrointestinal events or has been diagnosed of having gastrointestinal events. There is lack of documentation also of the injured worker being on Prilosec or the effectiveness of the Prilosec 20 mg for the injured worker. The request does not include the frequency of the medication. Given the above the request for Prilosec 20 mg is not medically necessary.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67 and 68.

Decision rationale: The request for Ibuprofen is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Ibuprofen for long-term use may not be warranted. The guidelines also states that back pain - acute exacerbations of chronic pain is recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The guidelines also state that all NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. The documents submitted on 04/01/2014 were noted that the physician was going to stop her Ibuprofen due to hypertension and refer the injured worker to internal medicine. There was lack of documentation provided on the trend and duration of the injured worker hypertension. In addition, the request does not include frequency of the medication and duration of usage of the Ibuprofen for the injured worker. Given the above, the request for Ibuprofen 800mg is not medically necessary.