

<b>Case Number:</b>	CM14-0036015		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family 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:

The patient is a 47 year old male who was injured while at work on 5/12/2009. The injury resulted in a fracture of his left tibia and fibula. He is requesting review of denial for Ibuprofen 800 mg and Prilosec 20 mg. The medical records corroborate ongoing medical care for the work-related injury. Diagnoses include the following: Fracture of the Lower Humerus; Sprain Hip and Thigh; and Low Back Syndrome. The medical records include the Primary Treating Physician's Progress Reports (PR-2). These indicate that the patient has continued problems of pain in the lower back, hip, elbow, knees, and left leg. Treatment recommendations include: Physical Therapy, Left Knee Brace, and Ibuprofen 800 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs. These recommendations state that NSAIDs should be used for osteoarthritis

(including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain. For patients with chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In reviewing the available medical records, there is no information provided on the rationale for the use of NSAIDs in this patient, the specific indication for its use, or the treatment plan given the chronic nature of this patient's multiple musculoskeletal complaints. Given the lack of documentation and the cited MTUS/Chronic Pain Medical Treatment Guidelines, the request for Ibuprofen is not deemed as being medically necessary.

**Prilosec 20 mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; NSAIDs and GI Symptoms, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines provide recommendations for the use of medications such as Proton Pump Inhibitors in conjunction with the use of NSAIDs. These criteria state that clinicians should weigh the indications for NSAIDs against both the GI and cardiovascular risk factors. Regarding the GI risk factors, clinicians should determine if the patient is at risk for gastrointestinal events. These risk factors include: Age > 65 years; History of a peptic ulcer, GI bleeding or perforation; Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Proton pump inhibitors are recommended for those patients deemed by these criteria to be at intermediate or high risk for a GI event. The documentation in the medical records indicate that the patient does not have any of the cited GI risk factors that would support the use of a Proton Pump Inhibitor. Therefore, Prilosec is not considered as a medically necessary treatment.