

<b>Case Number:</b>	CM14-0036991		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/02/2007
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old male injured on 09/02/07 due to undisclosed mechanism of injury. Current diagnoses included chronic pain syndrome, left multi rib trauma, rib repair with u-plates, greater occipital neuralgias, and costal pain/neural pain due to neuroma. Clinical note dated 01/06/14 indicated the injured worker presented for follow up evaluation and review of medications. The injured worker reported medications were working well to control pain; however, the injured worker rated pain 10/10. Physical examination revealed left sided and posterior headaches with pain on palpation over the left greater occipital nerve. Current medications included Ultram 15mg four times daily, Fioricet 50mg-325mg-40mg four times daily, Ambien CR 12.5mg QHS (every bedtime), Lidoderm 5% one to three patches twice daily, Motrin 800mg three times daily, Nexium 40mg daily, Robaxin 75 750mg three times daily, Ultram ER 300mg daily, and Zanaflex 4mg one to two tablets at night. The initial request for Motrin 800mg and Nexium 40mg #30 was non-certified on 01/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Nonprescription medications Page(s): 67, 70.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 800mg is not medically necessary and appropriate.

**Nexium 40mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in current Official Disability Guidelines - Online version, a trial of omeprazole or Lansoprazole is recommended before Nexium therapy. There is no indication in the documentation the injured worker has undergone this trial as recommended. As such, the request for Nexium 40mg #30 is not medically necessary and appropriate.