MAXIMUS Federal Services

Case Number:	CM14-0047889		
Date Assigned:	07/02/2014	Date of Injury:	07/24/2008
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/24/08 when she slipped while cleaning a kitchen. She continues to be treated for chronic low back pain and radicular symptoms. Testing has included an EMG/NCS of the lower extremities in April 2012 which was negative for lumbosacral radiculopathy. An MRI of the lumbar spine in September 2008 included findings of an L5-S1 disc protrusion with moderate to severe foraminal stenosis at L4-5 and L5-S1. The L5-S1 disc protrusion was increased with weight-bearing and flexion/extension.She was seen in the Emergency Room on 08/21/13 with low back pain beginning the day before with a history of similar episodes annually. She had tried taking Tylenol number three and a Lidoderm patch. She had a past medical history of hypertension. The physical examination findings included left buttock tenderness and a positive left straight leg raise. Percocet and ibuprofen 800 mg three times per day were prescribed. She was also seen by the requesting provider on 08/21/13. She was having pain radiating into the left foot into the left lower extremity. Pain was rated at 9/10. Lidoderm, Prilosec, Ultram, Flexeril, and diclofenac 100 mg two times per day were prescribed. On 11/13/13 medications were Ultram, Flexeril, Tylenol number three, diclofenac 100 mg two times per day, and Prilosec. On 12/11/13 diclofenac 100 mg two times per day, Protonix, Lidoderm, Tylenol number three, Flexeril, and tramadol were being prescribed. On 01/15/14 she had lost 30 pounds. The reason for the weight loss was unknown. Protonix, Medrox, Lodine 300 mg two times per day, hydrocodone, and Norflex were prescribed. She was seen on 02/26/14. She now had complaints of her stomach hurting. There had been continued weight loss. She was having pain radiating into the right leg. The physical examination findings included lumbar spine tenderness and a trigger point with decreased range of motion. A trigger point injection was performed. Vicodin, Nexium, and Flector were

prescribed. Additional testing was recommended and she was to follow-up with her primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20 mg # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is not more than 7 years status post work-related injury and continues to be treated for chronic low back pain and lower extremity radiculopathy. Treatments have included medications with multiple oral NSAIDs with Ibuprofen 800 mg three times per day, diclofenac 100 mg two times per day, and Lodine 300 mg two times per day. Her ibuprofen and Lodine dosing are consistent with recommended guidelines. Diclofenac in excess of 150 mg per day, however, is not recommended. The guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant has taken multiple NSAIDs with diclofenac prescribed at a high dose. On the date of the request she had abdominal pain and unexplained weight loss and would be considered at intermediate risk for an adverse gastrointestinal event. Recommendations would include use of a non-selective oral NSAID with a proton pump inhibitor and therefore the requested Nexium 20 mg #30 was medically necessary.