

Case Number:	CM14-0075070		
Date Assigned:	09/10/2014	Date of Injury:	01/19/2013
Decision Date:	10/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/22/2014

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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old female who was injured on January 19, 2013. The patient continued to experience pain in neck, upper/mid back, lower back, bilateral shoulders/arms, right elbow/forearm, and bilateral knees. Physical examination was notable for tenderness to palpation over paraspinal muscles of cervical, thoracic, and lumbar spine, tenderness to bilateral arms, tenderness to bilateral knees, and positive straight leg raise test bilaterally. Diagnoses included posttraumatic temporomandibular syndrome, cervical spine musculoligamentous sprain/strain with radiculitis, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral shoulder sprain/strain, right shoulder impingement syndrome, right elbow sprain/strain, right wrist sprain/strain, and right knee sprain/strain. Treatment included medications and acupuncture. Requests for authorization for omeprazole 20 mg # 60 and motrin 800 mg # 90 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was, using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Motrin is ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least November 2013 and had not obtained analgesia. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.