

<b>Case Number:</b>	CM14-0075683		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/15/2002
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Interventional Spine 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 57 years old male with an injury date on 09/15/2002. The listed diagnoses are status post injury at work; right lower extremity contusion with right lower extremity swelling, post traumatic; left thigh hematoma, residual with left hip strain; right shoulder strain with abnormal MRI scan, status post arthroscopic surgery with distal clavicle resection; cervical radiculopathy to the right; deep venous thrombosis of right lower extremity; GI upset intermittently due to pain medication; intermittent sleep difficulty due to chronic pain; right knee strain, rule out internal derangement. According to this report, the patient complains of right lower extremity pain, right shoulder pain, and lumbar spine pain. The patient rated the pain at a 5/10 with medications and the pain at an 8-9/10 without medications. Moderate tenderness of the inferior patella and lateral knee joint were noted on the right knee. Positive Impingement sign was noted at the right shoulder. There was slight to moderate paraspinals muscle spasm with slight restriction of the lumbar and cervical range of motion. There were no other significant findings noted on this report. The utilization review denied the request on 05/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Ibuprofen 800 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS 60, 61) Page(s): 60,61.

**Decision rationale:** The MTUS Guidelines reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Ibuprofen was first noted on the 10/22/2013 report. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way. Therefore, the request for 1 Prescription of Ibuprofen 800 mg #90 is not medically necessary and appropriate.

**1 Prescription of Omeprazole 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS pg 69) Page(s): 69.

**Decision rationale:** The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, the request for 1 prescription of Omeprazole 20 mg is not medically necessary and appropriate.