

Case Number:	CM14-0190954		
Date Assigned:	11/24/2014	Date of Injury:	06/12/2013
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 50-year-old male with date of injury of 06/12/2013. The listed diagnoses from 10/21/2014 are: 1. Lumbosacral neuritis 2. Radicular syndrome of the lower limbs 3. Low back pain According to report, the injured worker complains of low back pain with radiation to both lower extremities with tingling and numbness in the big and second toe. He also reports intermittent weakness. He continues to work full duty. The examination shows the injured worker has a non-antalgic gait. Lumbar range of motion is limited in flexion and is very limited in extension, lateral rotation, and lateral bending. No other findings were noted on this report. The documents include progress reports from 05/02/2014 to 10/21/2014. The utilization review denied the request on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg Qty 60 with no Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication; Medications for Chronic Pain Page(s): 22; 60.

Decision rationale: The treating physician is requesting Ibuprofen 800mg Qty 60 with no Refills. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional "first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted." MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when "medications are used for chronic pain." The records show that the injured worker was prescribed Ibuprofen on 05/02/2014. He noted on this report, "Improvement with Ibuprofen 800mg at night. It does cause gastritis symptoms." Given that the treating physician has noted medication efficacy as it relates to the use of Ibuprofen, the request is medically necessary.

Omeprazole Dr 20mg Qty 60 with no Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This injured worker presents with low back and lower extremity pain. The treater is requesting 1 Omeprazole Dr 20mg Qty 60 with no Refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The record show that the injured worker was prescribed Omeprazole on 05/02/2014. In this report, the injured worker notes gastritis with the use of NSAIDs. Given that the treating physician has documented gastrointestinal events with the use of NSAIDs, the request is medically necessary.