

Case Number:	CM15-0006196		
Date Assigned:	01/29/2015	Date of Injury:	10/06/2008
Decision Date:	03/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 74-year-old male who reported an injury on 10/06/2008. The mechanism of injury was not specified. His diagnoses include status post anterior posterior fusion, and flare-up secondary to moderate to severe transition syndrome. Past treatments included surgery and medications. The diagnostic studies included an official MRI of the cervical spine, performed on 12/06/2013, which was noted to reveal: severe degenerative change at C5-6 secondary to disc osteophyte complex and ossification; and moderate degenerative changes at C3, C4, C5, and C7 levels. His surgical history was noted to include anterior and posterior spinal fusion, undated. On 12/05/2014, the injured worker complained of constant and moderate to severe low back pain radiating to the right lower extremity with associated numbness and tingling, and weakness of the right lower extremity; constant and moderate to severe bilateral knee pain with associated weakness. Physical examination revealed positive straight leg raise test bilaterally and positive tension sign bilaterally, 5/5 motor strength, with normal sensation in the lower extremities, and 2+ reflexes. Current medications were not specified. The treatment plan included a prescription of meloxicam, and a prescription for omeprazole 20 mg. A request was received for omeprazole 20 mg #30 and meloxicam 75 mg #15. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors in patients at risk for gastrointestinal events including history of peptic ulcer, GI bleeding, or perforation. The clinical information indicated that the injured worker complained of constant back and knee pain. However, there was no documentation with evidence of gastrointestinal event risk to warrant the use of omeprazole. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify frequency of use. Therefore, the request for Omeprazole 20mg # 30 is not medically necessary.

Meloxicam 75mg # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines also state that acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The clinical information indicated that the injured worker complained of constant back and knee pain. However, there was no documentation with evidence that a trial of acetaminophen had failed in relieving pain before considering the use of NSAIDs. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify frequency of use. Therefore, the request for Meloxicam 75mg # 15 is not medically necessary.