

<b>Case Number:</b>	CM15-0132112		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on May 16, 2012. She reported neck, shoulders, arms, and back pain as a result of her duties as a machine operator. The injured worker was diagnosed as having cervical radiculopathy, shoulder impingement, sprain/strain of wrist, and lumbar radiculopathy. Treatments and evaluations to date have included physical therapy, EKG, and medication. Currently, the injured worker complains of pain in the bilateral shoulders and mid and lower back, with numbness and tingling in her arms and elbows. The Primary Treating Physician's report dated June 15, 2015, noted the injured worker was taking medications for pain which reduced her pain and inflammation. Physical examination was noted to show spasm and tenderness to palpation present in the cervical spine paraspinal muscles, with sensory exam reduced in the bilateral median nerve distribution. The right shoulder was noted to have swelling with positive bilateral shoulder impingement signs. The left wrist first dorsal compartment was noted to have tenderness to palpation. The lumbar spine was noted to have spasm present in the paraspinal muscles with tenderness to palpation. Sitting straight leg raise was noted to be positive bilaterally. The injured worker's current medications were listed as Medrox Pain Relief Ointment, Norco, Naproxen Sodium, Omeprazole, Ibuprofen, Orphenadrine ER, and Capsaicin Cream. The treatment plan was noted to include continued medications, an orthopedic evaluation, and requests for authorization for Omeprazole and Ibuprofen. The injured worker was noted to be temporarily totally disabled, and had not worked since 2012.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risks Page(s): 68-69.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) 'is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history (which could include many other GI issues)." The documentation provided noted the injured worker was on NSAID therapy and Omeprazole, a proton pump inhibitor (PPI). The guidelines note that long-term PPI use increases the risk of hip fracture. The injured worker was noted to have been prescribed Omeprazole since at least April 2013. The documentation provided did not include documentation of the injured worker having any gastrointestinal (GI) symptoms. Although the injured worker had previously been on two non-steroid anti-inflammatory drugs (NSAIDs), Ibuprofen and Naproxen, with the lack of medical necessity for the Ibuprofen, and as the injured worker was 57 years old and was not on any concurrent ASA, corticosteroid, and/or anticoagulant, or further multiple NSAIDs therapy, the injured worker had no GI risk factors documented. The submitted documents did not include an abdominal exam or reports of stomach discomfort. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for Omeprazole DR 20mg #30 x 2 refills and is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, hypertension and renal function Page(s): 69-70.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The

guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note there is no evidence of long term effectiveness for pain or function with use of non-steroid anti-inflammatory drugs. "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended". All NSAIDs have the potential to raise blood pressure in susceptible patients, with recommendation that blood pressure should be monitored on each visit. The injured worker was noted to have hypertension, and had been prescribed Ibuprofen since at least April 2013, without documentation of improvement in pain, function, or specific activities of daily living (ADLs) with use of the medication. The documentation provided failed to include an indication that there was a decrease in the injured worker's dependency on continued medical treatment with the use of the Ibuprofen. The documentation provided did not include any laboratory evaluations or evidence of blood pressure monitoring. Based on the guidelines, the documentation provided did not support the request for Ibuprofen 800mg #60 and is not medically necessary.