

Case Number:	CM15-0132945		
Date Assigned:	07/21/2015	Date of Injury:	05/04/2012
Decision Date:	09/01/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 5/4/2012. She reported low back pain. Diagnoses have included lumbar radiculopathy and lumbar spondylolisthesis. Treatment to date has included lumbar fusion, physical therapy, pool therapy, lumbar epidural steroid injection and medication. According to the progress report dated 5/20/2015, the injured worker complained of continued low back pain and right leg pain and numbness, unchanged since having a first lumbar epidural steroid injection. Exam of the lumbar spine revealed a positive, seated straight leg raise test. Authorization was requested for Relafen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68, 72 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Relafen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to her decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.

Prilosec 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI NSAIDS, GI effects.

Decision rationale: The request for Prilosec is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications," all of which did not apply to the patient. Relafen will not be certified so GI prophylaxis is not indicated. PPIs carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Prilosec is not medically necessary.