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| Case Number: | CM15-0134181 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 03/23/2010 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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 47 year old male who sustained a work related injury March 23, 2010. An MRI report of the lumbar spine, dated January 13, 2015, is present in the medical record. According to an orthopedic primary treating physician's report, dated May 26, 2015, the injured worker presented for a follow-up evaluation of severe back pain, bilateral leg pain, and thoracic pain. He continues to have low back pain that radiates down his legs and into his feet. The pain is rated 7 out of 10 with medication and 10 out of 10 without medication. With medication he is mobile and able to get out of bed, walk, sit and stand. Physical examination revealed; 5'10" and 287 pounds. Examination of the lumbar spine revealed spasm. There is positive straight leg raise bilaterally. There is decreased range of motion with flexion and extension and extension and rotation with pain. He walks with a cane. Diagnoses are herniated nucleus pulposus T11-12, 5 mm with severe left-sided dural compression; multilevel degenerative disc disease; facet hypertrophy L3-L5; low back strain with S1 radiculopathy. At issue, is the request for authorization for Motrin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDS Page(s): 22, 67-68.

Decision rationale: The request for motrin is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. It is useful for acute exacerbations of chronic lower back pain, but should not be used for long-term pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. The patient has been on motrin for an unspecified amount of time with a decrease in pain. Acetaminophen may be beneficial in this setting. Therefore, the request for motrin is considered not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medications and gastrointestinal symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI NSAIDS, GI prophylaxis.

Decision rationale: The request for Prilosec is medically unnecessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. There was no documentation of GI symptoms that would require a PPI. The use of prophylactic PPIs is not required since the patient's Motrin will not be certified. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.