

Case Number:	CM15-0142239		
Date Assigned:	08/03/2015	Date of Injury:	01/10/2011
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female, who sustained an industrial injury on 1-10-2011. The mechanism of injury is from a slip and fall. She reported pain to the back, right shoulder, and head. The injured worker was diagnosed as having lumbar displacement without myelopathy, cervicgia, disorders of bursae. Treatment to date has included urine drug screening, medications, acupuncture, cervical epidural steroid injection (9-24-2013), and magnetic resonance imaging of the lumbar spine (8-5-2013). The request is for Omeprazole and Nabumetone. On 6-2-2015, she reported pain to the head, left shoulder, low back and knee, difficulty turning her head, and worsening symptoms on the right side of the body with associated numbness and tingling in both arms, hands, legs and feet. She rated her pain 10 out of 10. Her medications are: Tramadol, Omeprazole, and Nabumetone. On 6-19-2015, she reported pain to the head, left shoulder, low back, and knee. She indicated she had difficulty turning her head. She also indicated her symptoms to be worsening on the right side of the body, and she was having numbness and tingling of the right arm and right foot. She rated her pain 10 out of 10. Physical findings revealed are tenderness of the low back with spasms, and positive seated straight leg raise test on the right, diminished sensation in the cervical dermatomes of the upper extremities. Her medications are: Tramadol, Omeprazole, and Nabumetone. The treatment plan included: modified duty restrictions. On 7-8-2015, her work status is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Merely being on nambumetone is not an indication for PPI. Given this, this request is not medically necessary.

Nabumetone 750mg QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-72.

Decision rationale: Nabumetone is a non-selective NSAID. Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.