

Case Number:	CM15-0161079		
Date Assigned:	08/27/2015	Date of Injury:	12/07/2012
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 male who sustained an industrial injury on 12-07-2012. Mechanism of injury occurred when he was performing a dumbbell squat and felt a pinch-pop, and has low back pain. Diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion at L4-5, disc bulge at L2-3, disc-osteophyte L3-4, internal derangement of the bilateral knees, and chondromalacia of bilateral knees. Treatment to date has included diagnostic studies, medications, physical therapy, use of an inversion table, and use of an H-wave unit. Current medications include Lunesta, Flurbiprofen-Omeprazole, Tizanidine, Cyclobenzaprine and Methocarbamol. He is not working, he is retired. A physician progress note dated 07-23-2015 documents the injured worker complains of constant low back pain that radiates down his bilateral legs with numbness and tingling. There are spasms present on the right side of his low back and buttock. Activity aggravates his pain. He has right knee pain that is on the right medial side of the knee. His left knee has no pain just numbness on the lateral side of the knee. There is tenderness over the posterior superior iliac spines bilaterally. The treatment plan includes a scheduled AME in October of 2015, continued use of the inversion table for temporary nerve decompression, and prescriptions were given for Lunesta, Tizanidine, Cyclobenzaprine, and Methocarbamol, and chirotherapy. Treatment requested is for Flurbiprofen/Omeprazole 100/10mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Omeprazole 100/10mg #90 with 3 refills: Upheld

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

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

Decision rationale: The patient was injured on 12/07/12 and presents with low back pain. The request is for Flurbiprofen/ Omeprazole 100/10MG #90 with 3 refills. The RFA is dated 07/24/15 and the patient is retired. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion at L4-5, disc bulge at L2-3, disc-osteophyte L3-4, internal derangement of the bilateral knees, and chondromalacia of bilateral knees. As of 07/23/15, the patient is taking Lunesta, Tizanidine, Cyclobenzaprine, and Methocarbamol. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document any recent dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Flurbiprofen/Omeprazole is not medically necessary.