

Case Number:	CM15-0184534		
Date Assigned:	09/25/2015	Date of Injury:	01/01/2015
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39-year-old male, who sustained an industrial injury on 1-01-2015. The injured worker was diagnosed as having lumbar radiculopathy and low back pain. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of low back pain with radiation down both legs. He rated pain 5 out of 10 with medications and 8 without (unchanged from 8-17-2015 and 8-03-2015). No new problems or side effects were noted and he was not trying any other therapies for pain relief. It was documented that his "activity level has decreased". He reported taking medications as prescribed and stated "medications are not effective". Current medications were Colace, Cyclobenzaprine, Ibuprofen 600mg twice daily), Pepcid 20mg twice daily as needed, Ultram, Neurontin, and Pamelor. The use of Ibuprofen was noted since at least 1-2015 and Pepcid was prescribed since at least 4-2015 (gastrointestinal prophylaxis). His work status remained modified. Exam of the lumbar spine noted loss of normal lordosis with straightening of the lumbar spine, restricted range of motion with flexion and extension, spasm and tenderness with palpation of the paravertebral muscles bilaterally, positive straight leg raise bilaterally, motor exam 5 of 5, and decreased light touch sensation over the left L4 and L5. The treatment plan included Pamelor 50mg #30, Ibuprofen 600mg #60, and Pepcid 20mg #60. On 9-08-2015, the requests for Ibuprofen and Pepcid were non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Ibuprofen 600mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Ibuprofen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Ibuprofen is not medically necessary.

Pepcid 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Pepcid 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the NSAID is medically necessary therefore the request for the proton pump inhibitor is not medically necessary.