

Case Number:	CM15-0187263		
Date Assigned:	09/29/2015	Date of Injury:	09/26/2008
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application	09/23/2015

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: Massachusetts

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 36 year old female, who sustained an industrial-work injury on 9-26-08. She reported initial complaints of back, hip, and leg pain. The injured worker was diagnosed as having lumbar sprain, left sacroiliac pain, and left hip and leg pain. Treatment to date has included medication. Currently, the injured worker complains of pain rated 5-6 out of 10, and described as sharp dull occasional popping left hip pain that interfered with sleep and activities. Thoraco-lumbar pain is sharp, constant, rated 8-9 out of 10. Meds included Trazodone for insomnia, Ibuprofen with 20% relief for 2-3 hours and able to continue working, and Omeprazole for dyspepsia caused by NSAIDS (Ibuprofen causes the least dyspepsia). Per the primary physician's progress report (PR-2) on 9-3-15, exam noted pain with palpation in the left S1 joint and gluteus medius as well as tensor fascia lata and piriformis with strain. DTR (deep tendon reflexes) are 2+ but diminished in the entire left leg. Current plan of care includes medications, durable medical equipment, and follow up. The Request for Authorization requested service to include Omeprazole 10mg #100, Trazodone 50mg #100, and Ibuprofen 800mg #90. The Utilization Review on 9-14-15 denied the request for Omeprazole 10mg #100, Trazodone 50mg #100, and Ibuprofen 800mg #90, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 10mg #100: Overturned

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: The claimant sustained a work injury in September 2008 and continues to be treated for left hip and thoracolumbar pain. When seen, there was left sacroiliac joint, gluteus medius, tensor fascia lata, piriformis, and thoracic tenderness. There was decreased left lower extremity sensation. The assessment references the claimant as having difficulty sleeping secondary to pain. Ibuprofen was providing 20% pain relief lasting for 2-3 hours. The claimant continues to work. Omeprazole was being prescribed for dyspepsia. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take ibuprofen at the recommended dose and has a history of dyspepsia due to NSAID use. Omeprazole was medically necessary.

Trazodone 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006; 29 (11): 1415-1419.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for left hip and thoracolumbar pain. When seen, there was left sacroiliac joint, gluteus medius, tensor fascia lata, piriformis, and thoracic tenderness. There was decreased left lower extremity sensation. The assessment references the claimant as having difficulty sleeping secondary to pain. Ibuprofen was providing 20% pain relief lasting for 2-3 hours. The claimant continues to work. Omeprazole was being prescribed for dyspepsia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty sleeping, reportedly due to pain. Attempting further treatment of his night time pain would potentially be effective. Continued prescribing of Trazodone is not considered medically necessary.

Ibuprofen 800mg #90: Overturned

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, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for left hip and thoracolumbar pain. When seen, there was left sacroiliac joint, gluteus medius, tensor fascia lata, piriformis, and thoracic tenderness. There was decreased left lower extremity sensation. The assessment references the claimant as having difficulty sleeping secondary to pain. Ibuprofen was providing 20% pain relief lasting for 2-3 hours. The claimant continues to work. Omeprazole was being prescribed for dyspepsia. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.