

<b>Case Number:</b>	CM15-0194741		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 6-12-14. The injured worker was diagnosed with lumbosacral sprain. Treatment to date has included physical therapy, which was helpful per note dated 9-16-15, home exercise program and medications. Her current work status is modified duty, permanent and stationary. Diagnostic studies to date have included lumbar spine x-rays (2-15-15) which showed mild degenerative changes. The provider's progress note, dated 9-16-15 did not include present symptoms experienced by the injured worker. Current medications were Prilosec and Relafen, however, the injured worker's response to medication or side effects from the medications was not included. Physical examination revealed L5-S1 midline and bilateral minimal tenderness to palpation and decreased lumbar spine range of motion. Lower extremity motor and sensory exam were normal. Heel-toe walk and stair climb was slow. A request for authorization dated 9-21-15 for Relafen 750 mg #60, Prilosec 20 mg #60 and a corset is denied, per Utilization Review letter dated 9-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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:** Nabumetone (Relafen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Additionally, there was no documentation, such as the effectiveness and/or side effects of this medication, to provide proof of continual need for this medication. The request is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs). Since this patient is not complaining nor diagnosed with any symptoms of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, or Zollinger-Ellison syndrome, and since there is no present indication for use of chronic NSAIDs, the continued use of omeprazole is not medically necessary.

**Corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment

Guidelines 1) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of lumbar disc herniation with radiculopathy. North American Spine Society (NASS); 2012) Kreiner DS, et al. North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. North American Spine Society (NASS); 2011. 104 p. [542 references] 3) Canadian Institute of Health Economics: Toward Optimized Practice. Guidelines for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

**Decision rationale:** A back brace (corset) is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. This patient does not have a recent vertebral fracture or diagnosed spinal stenosis and is not post-op from a recent vertebral fusion surgery. Although she does experience low back pain, there is no mention of significant impairment in her activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. The request is not medically necessary.