

Case Number:	CM15-0198939		
Date Assigned:	10/14/2015	Date of Injury:	05/07/2009
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 75 year old male, who sustained an industrial injury on May 7, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar degenerative disc disease, right knee pain, status post right knee arthroscopic partial medial meniscectomy, degenerative joint disease right knee, degenerative joint disease left knee, lateral meniscus tear left knee, lumbar facetal pain and possibility of lumbar radiculopathy. Treatment to date has included the use of a cane and medications. On August 25, 2015, the injured worker complained of persistent low back pain radiating to the bilateral gluteal region and bilateral lower extremities. The pain was rated as an 8 on a 1-10 pain scale. His current medications were noted to be helping without adverse effects. He was noted to be positive for reflux. Physical examination revealed spasm in the lumbar paraspinal muscles and stiffness in the lumbar spine. Limited mobility was reported in the lumbar spine. Tenderness was noted in the lumbar facet joints and in the bilateral posterior superior iliac spine. He walked with an antalgic gait and used a cane for ambulation. The treatment plan included ibuprofen, omeprazole, nortriptyline, lumbar brace custom fit and adjustable cane. On September 10, 2015, utilization review denied a request for Ibuprofen, Omeprazole, lumbar brace and adjustable cane. A request for Nortriptyline was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the ODG, NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Guidelines recommend a maximum dose of Motrin of 3200 mg/day. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity for the requested medication has not been established. The requested NSAID is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Ibuprofen was not found to be medically necessary. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: According to the ACOEM guidelines, lumbar binders, corsets, or support belts are not recommended as treatment for low back pain. The guidelines state that the use of back-belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In addition, the guidelines do not recommend lumbar braces for treatment of low back pain. Medical necessity for this item has not been established. The lumbar brace is not medically necessary.

Adjustable Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Assistive Devices.

Decision rationale: According to the ODG, assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the patient has chronic back pain and can ambulate without assistance. There is no specific indication for a cane. Medical necessity for the requested item has not been established. The requested item is not medically necessary.