

Case Number:	CM15-0206298		
Date Assigned:	10/23/2015	Date of Injury:	07/30/1993
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 71 year old male, who sustained an industrial injury on 07-30-1993. He has reported injury to the low back. The diagnoses have included low back pain; lumbar disc disorder; and post lumbar laminectomy syndrome. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Tylenol, Ibuprofen, and Aciphex. A progress report from the treating physician, dated 06-25-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; the pain is rated as 7 out of 10 in intensity without medication; quality of sleep is fair; and his activity level has decreased. It is noted that the injured worker is stable on his current medication regimen and has not changed the essential regimen in greater than six months; and function and activities of daily living improved optimally on current doses of medications. Objective findings included he does not appear to be in acute distress; inspection of the lumbar spine reveals surgical scars; range of motion is restricted; on palpation, paravertebral muscles, spasm, tenderness, and tight muscle band is noted on both the sides; spinous process tenderness is noted on L3, L4, and L5; and tenderness is noted over the sacroiliac spine on the left. The treatment plan has included the request for Ibuprofen 800 mg #90 with 2 refills; and Achiphex 20 mg #30 with 2 refills. The original utilization review, dated 09-22-2015, non-certified the request for Ibuprofen 800 mg #90 with 2 refills; and Achiphex 20 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 with 2 refills: 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).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, this request for 2 refills does not allow for close follow-up to ensure efficacy. The request for Ibuprofen 800 mg #90 with 2 refills is determined to not be medically necessary.

Aciphex 20 mg #30 with 2 refills: 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: Proton pump inhibitors are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of a PPI when using NSAIDs. Additionally, Aciphex is a second-line agent. The request for Aciphex 20 mg #30 with 2 refills is determined to not be medically necessary.