

Case Number:	CM15-0206299		
Date Assigned:	10/23/2015	Date of Injury:	01/12/2004
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
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 64 year old female, who sustained an industrial injury on 1-12-2004. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for cervical and lumbar spine sprain and strain, status post L4-5 (lumbar 4-5) anterior and posterior interbody fusion, and questionable status of fusion at the L4-5 level. The injured worker (6-29-2015) reported ongoing low back pain, bilateral shoulder pain with limited range of motion, and neck pain. The medical records (6-29-2015) show the subjective pain ratings for her back and bilateral shoulders as 8 out of 10. The physical exam (6-29-2015) reveals difficulty rising from sitting, an antalgic gait, moving about stiffly, and guarding of the bilateral upper extremities. The injured worker (8-10-2015) reported ongoing cervical spine pain radiating into the bilateral upper extremities, with numbness and tingling, weakness, and increased dropping of items. She reported increased cervical spine pain with lateral head turning. She reported ongoing low back pain radiating into the bilateral lower extremities, with numbness and tingling, weakness, and giving out of her legs on several occasions due to weakness. The treating physician noted the injured worker used a single-point can for ambulating. The treating physician noted she has not had any conservative therapy in more than 4 years. The medical records (8-10-2015) show the subjective pain ratings for the neck pain as 8 out of 10 and her back pain as 7 out of 10. The physical exam (8-10-2015) reveals tenderness to palpation of the cervical paraspinous muscles, right greater than left, with mild muscle spasm. The treating physician noted a well-healed midline incision of the lumbar spine, moderate tenderness to palpation peri-incisionally, and mild right-sided muscle spasm. Treatment has included a right

shoulder steroid injection, work modifications, and medications including Prilosec (since at least 6-2015) and Ibuprofen (since at least 6-2015). The requested treatments included Prilosec 20mg and Ibuprofen 800mg. On 9-21-2015, the original utilization review non-certified requests for Prilosec 20mg and Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 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: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, there is evidence of gastrointestinal issues while taking NSAIDs. However, the concurrent request for NSAIDs is not supported. The request for Prilosec 20mg #60 is determined to not be medically necessary.

Ibuprofen 800mg #60, 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. She has been prescribed this medication since January 2015 without the benefit of significant pain relief or functional improvement. Long-term use of NSAIDs is not supported. The request is not medically necessary.