

Case Number:	CM15-0021918		
Date Assigned:	02/11/2015	Date of Injury:	06/22/2013
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male who sustained an industrial injury on June 22, 2013. He has reported mid and low back pain and has been diagnosed with mid-back pain-non radicular, low back pain-non radicular, and neck pain-non radicular, resolved. Treatment has included medications, acupuncture, physical therapy, and chiropractic adjustments. Currently the injured worker complains of pain in the neck and low back as well as the right leg. The treatment plan included medication management. On January 22, 2015 Utilization Review non certified Omeprazole 20 mg # 30, refill 2 and ibuprofen 800 mg # 90, refill 2 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient presents with mid and low back pain. The current request is for Omeprazole 20mg #30 with 1 refill. The treating physician states, "The omeprazole is to protect the gastric mucosa" in a report dated 09/30/14 (49B). The MTUS guidelines state: Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). In this case, the treating physician, based on the records available for review, has not documented a gastrointestinal event. Additionally, the patient has been prescribed Omeprazole since at least 01/14/14 and there is no documentation of the effectiveness of this medication. The current request is not medically necessary and the recommendation is for denial.

Ibuprofen 800 mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, Ibuprofen (Motrin, Advil) Page(s): 72.

Decision rationale: The patient presents with mid and low back pain. The current request is for Ibuprofen 800mg #60 with 2 refills. The treating physician states, "Patient is taking the same amount of pain medication as before the procedure. VAS 7-day avg: 6/10. Pain level has decreased since last visit" in a report dated 06/23/14 (44B) The MTUS guidelines state: Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, the treating physician has documented reduction in pain from the use of Ibuprofen. The current request is medically necessary and the recommendation is for authorization.