

<b>Case Number:</b>	CM15-0022576		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 reported an injury on 09/18/2014. Prior therapies included chiropractic care and physical therapy. The mechanism of injury was the injured worker was carrying a heavy machine, weighing approximately 300 pounds, with a coworker, down the stairs, when they lost their balance. The injured worker underwent an x-ray of the lumbar spine. The injured worker was utilizing NSAIDs since 09/2014. The injured worker underwent an MRI of the lumbar spine without contrast. The documentation of 01/14/2015 revealed a request for NSAIDs, omeprazole, and gabapentin. The documentation of 02/09/2015, by way of appeal, indicated the injured worker had a necessity for medications to cure and relieve the effects of the industrial injury. The documentation of 01/14/2015 revealed the injured worker had tingling in his back with radiation into his left leg times 3 days. Pain was noted to be triggered by bending. The physical examination revealed the injured worker had decreased range of motion in flexion of the lumbar spine. The treatment plan included fenoprofen, omeprazole, and gabapentin. The diagnoses included lumbar sprain/strain and myofascial pain. There was no Request for Authorization submitted for the date of service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk for gastrointestinal events. The efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request omeprazole 20mg #60 is not medically necessary.

**Fenoprofen 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The efficacy was not provided. The clinical documentation submitted for review failed to indicate the objective decrease in pain and an objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fenoprofen 400mg #60 is not medically necessary.