

Case Number:	CM15-0214363		
Date Assigned:	11/04/2015	Date of Injury:	12/27/2011
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 12-27-2011. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy and lumbago. On 10-5-2015, the injured worker reported mild low back pain radiating into the left foot-toes with numbness and tingling, rated 1 out of 10 on the visual analog scale (VAS), with 0 at its best and 3 out of 10 at its worse. The Treating Provider's report dated 10-5-2015, noted the injured worker in the "same condition as last visit but stable with meds". The injured worker's current medications were noted to include Gabapentin, prescribed on 10-27-2014, Naproxen, and Omeprazole, prescribed since at least 8-18-2014. The injured worker's pain was noted to be alleviated with rest and medications, bringing the pain level down to 0 out of 10. The injured worker's activities of daily living (ADLs) were noted to not be affected. The physical examination was noted to show the injured worker with pain with long periods of sitting with the tenderness to palpation of the left lumbar paraspinal musculature noted. The injured worker was noted to have disc bulges and herniations at L3-L4 through L5-S1 with the nerve roots affected. The treatment plan was noted to include continued "conservative management", with continued TENS and medications prescribed including Omeprazole, Relafen, Gabapentin, and Thermo-care patches with Menthol. The request for authorization dated 10-15-2015, requested Gabapentin 600mg #90, Omeprazole 20mg #60, Relafen 500mg #60, and Thermo-care patch q8h prn #2. The Utilization Review (UR) dated 10-26-2015, certified the

request for Gabapentin 600mg #90, and non-certified the requests for Omeprazole 20mg #60, Relafen 500mg #60, and Thermo-care patch q8h prn #2.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, the patient is not over age 65, and is not on multiple NSAIDs. The request for pantoprazole 20 mg #60 is not medically appropriate and necessary.

Relafen 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence of objective and radiographic findings suggestive of the diagnosis of osteoarthritis and the claimant has been on this medication for a period of time that exceeds guideline recommendations. The request for Relafen 500 mg #60 is not medically appropriate and necessary.

Thermo-care patch, q8h, prn, #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that at home local applications of heat or cold are as effective as performed by therapists. In this case, there is no rationale provided as to why the patient would require disposable heat patches rather than a simple reusable heating pad. Thus the request for Thermo-care patch #2 is not medically necessary nor appropriate.

