

Case Number:	CM15-0218309		
Date Assigned:	11/10/2015	Date of Injury:	09/11/2014
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old, female who sustained a work related injury on 9-11-14. A review of the medical records shows she is being treated for left shoulder, left arm and low back pain. In the progress notes dated 8-4-15, the injured worker reports persistent left shoulder pain. She rates this pain level a 6 out of 10. In progress notes dated 9-22-15, she reports persistent lumbar pain that radiates into her right leg. She rates this pain level a 3-8 out of 10. She has intermittent radiation of pain into the posterolateral thigh and the posterolateral calf. Upon physical exam dated 9-22-15, she has persistent tenderness at the right and left paralumbar muscles. She has decreased lumbar range of motion. She has a positive straight leg raise with right leg. Treatments have included left shoulder surgery 2-2015, postoperative physical therapy, left shoulder cortisone injection-significant relief, and medications. Current medications include Ibuprofen and Omeprazole. Other medication list includes Metoprolol, Diazepam, Hydrocodone and Tramadol. She is not working. The treatment plan includes requests for acupuncture, refills of medications and for EMG-NCV studies of the legs. The Request for Authorization dated 9-22-15 has requests for acupuncture to lumbar spine, EMG-NCV of both legs, for Ibuprofen and Omeprazole. In the Utilization Review dated 10-30-15, the requested treatments of Ibuprofen 600mg. #90 and Omeprazole 20mg. #30 are not medically necessary. The patient had a MRI of the left shoulder on 6/20/15 that revealed post surgical changes and tendinitis. The patient had received an unspecified number of PT visits for this injury. The patient had used a TENS unit for this injury. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The patient does not have any significant complaints related to the gastrointestinal tract that are documented in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Ibuprofen 600mg #90. Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). The patient is having chronic pain and is taking Ibuprofen for this injury. In the progress notes dated 9-22-15, she reports persistent lumbar pain that radiates into her right leg. She has intermittent radiation of pain into the posterolateral thigh and the posterolateral calf. Upon physical exam dated 9-22-15, she has persistent tenderness at the right and left paralumbar muscles. She has decreased lumbar range of motion. She has a positive straight leg raise with right leg. The patient has chronic pain with significant objective abnormal findings. Treatments have included left shoulder surgery in 2-2015. The patient had a MRI of the left shoulder on 6/20/15 that revealed post surgical changes and tendinitis. NSAIDs like Ibuprofen are first line treatments to reduce pain. The request for Ibuprofen 600mg #90 is deemed medically appropriate and necessary in this patient.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole 20mg #30. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg #30 is not fully established in this patient, therefore is not medically necessary.