

Case Number:	CM15-0220304		
Date Assigned:	11/13/2015	Date of Injury:	05/07/2013
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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 Jersey

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 60 year old male, who sustained an industrial injury on 5-7-13. The injured worker has complaints of lumbar spine pain with a pain scale of 4-6 out of 10. The documentation noted that the supine straight leg raise is positive at 20 degrees on the right with stated low back and buttock pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included anterior cervical discectomy and fusion (ACDF) in April 2015 and medications. The original utilization review (10-29-15) non-certified the request for 60 tabs omeprazole 20mg and 60 tabs ibuprofen 800mg. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs Omeprazole 20 MG: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there is record of using NSAIDs regularly with omeprazole. However, there was insufficient criteria met to justify ongoing use of any PPI except for perhaps the higher dose of ibuprofen used. Regardless, however, as this reviewer does not feel the ibuprofen is medically necessary or appropriate to continue, this request for omeprazole is not medically necessary.

60 Tabs Ibuprofen 800 MG: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there is record of having used ibuprofen chronically for many months leading up to this request for continuation. There was no specific report found in recent notes to review how effective this medication was at reducing pain and improving function, independent of the other medications used. Also, this drug class and higher dose is relatively contraindicated in this worker as he is diabetic and has hypertension. Ongoing use of NSAIDs is generally not recommended for the diagnoses listed, regardless. Therefore, this request for ibuprofen is not medically necessary.