

Case Number:	CM15-0221382		
Date Assigned:	11/16/2015	Date of Injury:	09/11/2012
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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

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:

This is a 67 year old female who sustained a work-related injury on 9-11-12. Medical record documentation on 10-5-15 revealed the injured worker was being treated for cervicalgia, shoulder pain and lumbar spondylosis. She reported neck pain, bilateral shoulder pain and low back pain. She rated her neck pain a 6 on a 10-point scale, her shoulder pain an 8 on a 10-point scale and her low back pain an 8 on a 10-point scale. Her pain was rated a 7 on 8-17-15. The pain interfered with activities of daily living. Objective findings included decreased range of motion with pain in the shoulders, cervical spine and the lumbar spine. She had 5-5 motor power and her sensation was grossly intact. She had tenderness to palpation over the lumbar paraspinal muscles. Her past medical history was documented as elevated cholesterol, stomach ulcers, rheumatoid arthritis, and shoulder arthritis (9-24-15). Previous treatment included activity modification, anti-inflammatory medications and chiropractic therapy. Medications tried and failed included Celebrex and Tramadol. Her medication regimen included Ibuprofen and Omeprazole since at least 5-4-15. A request for Omeprazole 20 mg #60 with 5 refills and Ibuprofen 400 mg #150 with 5 refills was received on 10-8-15. On 10-21-15, the Utilization Review physician determined Omeprazole 20 mg #60 with 5 refills and Ibuprofen 400 mg #150 with 5 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 5 refills: 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: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active acute gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active bleeding ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg #60 with 5 refills is not medically necessary or appropriate.

Ibuprofen 400mg #150 with 5 refills: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic 2012 injury nor have they demonstrated any functional efficacy in terms of improved functional status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or dependency, and decreased in medical utilization derived from previous NSAID use. The Ibuprofen 400mg #150 with 5 refills is not medically necessary or appropriate.