MAXIMUS Federal Services

| Case Number: | CM15-0031060 | | |
|---|---|---|---|
| Date Assigned: | 02/26/2015 | Date of Injury: | 01/13/2012 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

## 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, Arizona
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:

The injured worker is a 47-year-old female who sustained an industrial injury on 1/13/12. The mechanism of injury involved heavy lifting. Diagnoses include sprain/ strain lumbar region and lumbar radiculopathy. An MRI performed 7/15/14 revealed abnormalities of the lumbar spine. Treatments to date have included physical therapy and prescription pain medications. The injured worker presented on 09/04/2014 for a follow-up evaluation with complaints of constant low back pain with radiating symptoms. The injured worker also reported bilateral leg weakness, difficulty rising from a seated position, and intermittent bilateral knee pain. Upon examination, the provider noted a decrease in range of motion of the lumbar spine. Treatment recommendations at that time included continuation of Motrin 800 mg and Prilosec 20 mg. It was also noted that the injured worker had completed 15 out of 18 authorized sessions of physical therapy. There was no Request for Authorization form submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Prilosec 20mg #60 DOS 9/4/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS 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, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

**Retro Prilosec 20mg #60 DOS 8/7/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS 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, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

**Retro Prilosec 20mg #60 DOS 6/26/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS 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, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity

for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

**Retro Motrin 800mg #90 DOS 9/4/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no comprehensive physical examination provided. The injured worker does not maintain a diagnosis of osteoarthritis. There was no evidence of an acute exacerbation of chronic pain. The guidelines do not support long-term use of NSAIDs. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

**Retro Motrin 800mg #90 DOS 8/7/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no comprehensive physical examination provided. The injured worker does not maintain a diagnosis of osteoarthritis. There was no evidence of an acute exacerbation of chronic pain. The guidelines do not support long-term use of NSAIDs. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

**Retro Motrin 800mg #90 DOS 6/26/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no comprehensive physical examination provided. The injured worker does not maintain a diagnosis of osteoarthritis. There was no evidence of an acute exacerbation of chronic pain. The guidelines do not support long-term use of NSAIDs. There is also no frequency listed in the request. Therefore, the request is not medically necessary.