

<b>Case Number:</b>	CM15-0085444		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33-year-old female sustained an industrial injury on 11/29/09. She subsequently reported Diagnoses include Lumbar Intervertebral Disc Displacement without Myelopathy; Lumbago or Sciatica and Radiculitis as well as left knee with internal derangement with torn meniscus. Treatments to date include x-ray and MRI testing, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back and left knee pain. Upon examination, left knee range of motion was reduced, positive McMurray testing and pain with varus stress was noted. On examination, of the thoracolumbar spine, the patient was still in too much pain to perform range of motion or any orthopedic testing. Weakness and radiculopathy was noted. Straight leg raise tests were positive at 35 degrees. The treating physician made a request for Ibuprofen and Omeprazole medications. A progress report dated February 19, 2015 states that the patient will see orthopedic surgery, but recommends continuing the current medications because they help keep the pain tolerable. A progress report dated January 15, 2015 indicates that alleviating factors of the patient's pain include medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it appears the patient is taking high-dose NSAIDs on a continuous basis. The NSAIDs reportedly result in analgesic efficacy. Therefore, the use of a prophylactic proton pump inhibitor is reasonable due to the increased risk of G.I. side effects. As such, the currently requested omeprazole (Prilosec) is medically necessary.

**Ibuprofen 800mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68 & 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient has indicated that the medication provides analgesia and makes the pain tolerable. No intolerable side effects have been reported. The patient does have subjective complaints and objective findings consistent with musculoskeletal pain. As such, the currently requested Motrin (ibuprofen) is medically necessary.