

<b>Case Number:</b>	CM15-0087588		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 41 year old female, who sustained an industrial injury on 5/22/12. She reported a back injury. The injured worker was diagnosed as having chronic lumbar strain with right lower extremity radiculitis/radiculopathy and history of neck and right shoulder /trapezius muscular pain resolved post trigger point injections. Treatment to date has included oral medications including narcotics, trigger point injections, epidural steroidal injections and activity restrictions. X-rays of cervical spine revealed persistent loss of cervical lordosis and x-rays of lumbar and thoracic spine show degenerative disc disease at L4-5 articulation. Currently, the injured worker reports decreasing pain and stiffness of lumbar spine. She has not worked since 6/6/14. Physical exam revealed mild tenderness of lumbar spine. The treatment plan included prescriptions for Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, Flurbiprofen/Cyclo/Menthol and Keratek gel as well as a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Omeprazole 100/20mg, #0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**Decision rationale:** The patient is a 41 year old female with an injury on 05/22/2012. She has chronic back pain and has not worked since 06/06/2014. The requested compound medication contains an NSAIDS and a proton pump inhibitor (PPI). MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.