MAXIMUS Federal Services

Case Number:	CM14-0122784		
Date Assigned:	09/16/2014	Date of Injury:	03/11/2013
Decision Date:	11/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with a lumbosacral spine condition. Date of injury was 03-11-2013. The primary treating physician's progress report dated 08-18-14 documented subjective complaints of low back pain rated at 8/10. Objective findings were documented as having no changes. Diagnosis was lumbar spine stenosis with nerve compression. Treatment plan was that the patient was awaiting lumbar spine surgery. Utilization review determination date was 07-29-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Ibuprofen 600 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDS have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs

can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. All NSAIDs have the potential to raise blood pressure in susceptible patients. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The primary treating physician's progress report dated 08-18-14 was the only progress report available for review. The 8/18/14 progress report does not document physical examination findings. No blood pressure measurements were present in the medical records. No laboratory tests were present in the medical records. The use of the NSAID Ibuprofen is not supported by medical records and MTUS guidelines. Therefore, the request for Refill Ibuprofen 600 mg is not medically necessary.

Omeprazole 20 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician's progress report dated 08-18-14 was the only progress report available for review. The 8/18/14 progress report does not document physical examination findings. No gastrointestinal conditions or symptoms were documented. The use of Omeprazole is not supported by medical records and MTUS guidelines. Therefore, the request for Omeprazole 20 mg # 90 is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment In Workers Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement ,Opioids, Steps To Avoid Misuse/Addiction Page(s): 76-77,89,94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated 08-18-14 was the only progress report available for review. No opioid or controlled substance prescription was noted. The medical records do not

support the medical necessity of a urine drug screen. Therefore, the request for Urine Toxicology is not medically necessary.