

Case Number:	CM14-0147725		
Date Assigned:	09/15/2014	Date of Injury:	06/01/2008
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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 Maryland. 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 employee was a 60 year old male who sustained an industrial injury on 06/01/08 when she slipped and fell while delivering vegetables. The progress notes from 08/25/14 was reviewed. Subjective complaints included increased low back pain at 5/10 without activities. The employee was reportedly doing HEP and using TENS daily. On examination the employee was dressed appropriately without discomfort. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. The plan of care included HEP, TENs, heat therapy, Fenoprofen, Flexeril and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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 NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The employee was a 60 year old male who sustained an industrial injury on 06/01/08 when she slipped and fell while delivering vegetables. The progress notes from 08/25/14 was reviewed. Subjective complaints included increased low back pain at 5/10 without

activities. The employee was reportedly doing HEP and using TENS daily. On examination the employee was dressed appropriately without discomfort. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. The plan of care included HEP, TENS, heat therapy, Fenoprofen, Flexeril and Omeprazole. Employee was being treated for lumbar disc disease. The request is for Omeprazole which is a proton pump inhibitor. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The limited information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that he is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and he is also younger than 65 years of age without any documented cardiovascular history. Request for Omeprazole is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: The employee was a 60 year old male who sustained an industrial injury on 06/01/08 when she slipped and fell while delivering vegetables. The progress notes from 08/25/14 was reviewed. Subjective complaints included increased low back pain at 5/10 without activities. The employee was reportedly doing HEP and using TENS daily. On examination the employee was dressed appropriately without discomfort. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. The plan of care included HEP, TENS, heat therapy, Fenoprofen, Flexeril and Omeprazole. According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain and muscle spasms. Based on the medical records provided for review, it is not clear if the employee was having muscle spasms and it was also not clear how long he had been on Flexeril. The request for Flexeril 7.5mg #60 is not medically necessary or appropriate.

Fenoprofen 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The employee was a 60 year old male who sustained an industrial injury on 06/01/08 when she slipped and fell while delivering vegetables. The progress notes from

08/25/14 was reviewed. Subjective complaints included increased low back pain at 5/10 without activities. The employee was reportedly doing HEP and using TENS daily. On examination the employee was dressed appropriately without discomfort. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. The plan of care included HEP, TENS, heat therapy, Fenoprofen, Flexeril and Omeprazole. The MTUS Chronic Pain Medical Treatment guidelines support NSAID use for osteoarthritis and acute exacerbations of chronic low back pain at the lowest dose for the shortest period of time. The employee was being treated with Fenoprofen (a nonselective NSAID) and had a pain level of 5/10. There were no side effects noted and the employee was continuing HEP and TENS unit. Given the ongoing pain and the lack of side effects, request for Fenoprofen is medically necessary and appropriate.