

Case Number:	CM14-0092687		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2011
Decision Date:	10/14/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 31 year old female injured on 06/23/11 when involved in a motor vehicle collision resulting in low back pain. Prior treatment included physical therapy, home exercise program, acupuncture, medication management, and multiple epidural steroid injections without significant benefit. The documentation indicated the injured worker was deemed a nonsurgical candidate. Clinical note dated 04/23/14 indicated the injured worker presented complaining of persistent low back pain radiating to the right lower extremity with no change since previous visit. The injured worker reported doing well on current medication regimen with continued decrease in pain from 8/10 to approximately 5-6/10 with use of medication. The injured worker reported attempting to utilize gym regularly in addition to walking. The injured worker reported previous attempt to utilize Seroquel and Lexapro unsuccessful. No objective findings provided for review. Treatment plan included prescription for Morphine Sulfate ER 30mg #60 no refills, Lunesta 3mg #30 with 4 refills, Motrin 800mg #60, Prilosec 20mg #30, Amitriptyline 50mg #60, and Neurontin 600mg #180. The initial request for Prilosec and Motrin was non-certified on 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg #30 for date of service 4/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Previous documentation indicated the injured worker denied gastric symptoms as a result of non-steroidal anti-inflammatory drug use. As such, the Retro Prilosec 20mg #30 for date of service 4/23/14 cannot be established as medically necessary.

Retro Motrin 800mg #60 for date of service 4/23/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Retro Motrin 800mg #60 for date of service 4/23/14 cannot be established as medically necessary.