MAXIMUS Federal Services

Case Number:	CM14-0210144		
Date Assigned:	12/23/2014	Date of Injury:	06/26/2013
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 a 34 year old male with the injury of 05/26/13. Per physician's report 11/07/14, the patient has right elbow, right wrist and low back pain. The patient is currently taking Vicodin, Ibuprofen, Omeprazole and Lidoderm patch. "Ibuprofen reduced pain by 50%. Adverse side effects, GERD are reported. GERD symptoms improved with used of Omeprazole."Per 10/09/14 progress report, the patient complains of right carpal tunnel syndrome. There is swelling over right forearm and erythema over the dorsal of right hand. The patient is working full time with restrictions. "Medications reduce symptoms by at least 50% and allow the patient to function at current level." CURES has been completed.The patient demonstrates increased activity and functionality on opiate therapy. The side effects are minimal and controllable. The lists of diagnoses are: 1) Medial epicondylitis. 2) Lateral epicondylitis. 3) Carpal tunnel syndrome. 4) Chronic pain syndrome. 5) Displacement of lumbar intervertebral disc without myelopathy. 6) Spinal stenosis of lumbar region. 7) Fibromyositis. Per 07/10/14 progress report, the patient has low back pain, radiating down his lower extremity at 7-8/10. The patient wears a brace on the right elbow. The utilization review determination being challenged is dated on 11/17/14. Treatment reports were provided from 05/19/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg BID #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with pain and weakness in his right elbow, right wrist, lower back and lower extremities. The request is for IBUPROFEN 80mg #60 with 2 refills. The patient is currently taking Vicodin, Ibuprofen, Omeprazole and Lidoderm patch. The patient has been utilizing Ibuprofen since at least 07/07/14.For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." NSAIDs are effective for chronic LBP, MTUS also states. In this case, the review of the reports indicates that Ibuprofen reduces the patient's pain by 50% but causes GERD as side effects. The patient has been on Omeprazole for GERD. This patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS. The request IS medically necessary.

Omeprazole 20mg QD #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain and weakness in his right elbow, right wrist, lower back and lower extremities. The request is for OMEPRAZOLE 20mg #30 with 2 refills. The patient has been utilizing Omeprazole since at least 07/07/14 for GERD which Ibuprofen has caused. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as 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). In this case, the review of the reports does show that the patient has been on Iburpofen which has caused GERD. The treater would like the patient to be on Prilosec to address this which appears reasonable. The request IS medically necessary.