

Case Number:	CM14-0214422		
Date Assigned:	01/07/2015	Date of Injury:	08/21/2000
Decision Date:	02/23/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50-year-old man with a date of injury of August 21, 2000. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are mechanical low back pain; and MRI evidence of degenerative changes and disc bilges at L3-L4, L4-L5, and L5-S1. Pursuant to a progress reports dated November 3, 2014, the IW complains of constant moderate low back pain. He is taking Tramadol, Soma, and Omeprazole. Mobic 7.5mg #90 with 3 refills was prescribed. The treating physician did not provide a clinical rational for adding Mobic to the medication regimen. The provider reports that medications and topical creams are very helpful with pain and performing activities of daily living. Examination of the lumbar spine reveals decreased range of motion. There is tenderness. The IW has been taking Omeprazole since June 6, 2014, according to a progress reports with the same date. There was no evidence of objective improvement associated with the ongoing use of the current medications. There were no subjective GI complains documented. The current request is for Omeprazole 20mg #60, and Mobic 7.5mg #90 with 3 refills.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are mechanical low back pain; and MRI evidence of degenerative changes and disc bulges at L3-L4, L4-L5, and L5-S1. The documentation did not contain any comorbid conditions or past medical history evidencing risk factors for G.I. events. Specifically, there was no peptic ulcer disease, G.I. bleeding or concurrent aspirin use, etc. Consequently, absent clinical documentation to support the ongoing use of Omeprazole with no risk factors for G.I. bleeding, Omeprazole 20 mg #60 is not medically necessary.

Mobic 7.5mg #90 with 3 refills: 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 Page(s): 22, 67. Decision based on Non-MTUS Citation Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 7.5#90 with three refills are not medically necessary. The guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. Non-steroidal anti-inflammatory drugs are superior to acetaminophen particularly with patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are mechanical low back pain; and MRI evidence of degenerative changes and disc bulges at L3-L4, L4-L5, and L5-S1. Non-steroidal anti-inflammatory drugs are indicated at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician did not provide a clinical rationale for the addition of a non-steroidal anti-inflammatory drug, Mobic, while taking tramadol and Soma. Additionally, Mobic is indicated for the shortest period. Mobic 7.5#90 was requested with three refills. There is no evidence of objective functional improvement associated with motor and the refills are in excess of the guideline recommendations. Consequently, absent clinical documentation to support the ongoing use of Mobic with objective functional improvement in excess of the recommended guidelines, Mobic 7.5#90 with three refills are not medically necessary.

