

Case Number:	CM14-0214677		
Date Assigned:	01/07/2015	Date of Injury:	08/09/1999
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 9, 1999. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a request for fenoprofen and omeprazole. An RFA form dated November 19, 2014 and associated progress note dated October 30, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On June 19, 2014, the applicant reported persistent complaints of low back and neck pain. The applicant was asked to consider a lumbar laminectomy surgery. The applicant's pain complaints were scored at 6-7/10. The applicant was deemed "disabled." Unspecified medications were continued, without any discussion of medication efficacy. On June 18, 2014, the applicant again reported multifocal complaints of low back and neck pain, 8/10, exacerbated by lifting, standing, pushing, pulling, and walking. Once again, medication selection and medication efficacy did not take place. The attending provider stated that he was refilling medications under separate cover. There was no mention of any issues with reflux, heartburn, and/or dyspepsia evident on this occasion. On July 9, 2014, the applicant was described as pending cervical spine surgery. The applicant was using Levemir, insulin, Victoza, Benicar, AcipHex, Neurontin, Percocet, Cymbalta, and Crestor. Gastropathy was described in one of the operating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, no discussion of medication efficacy transpired on multiple progress notes, referenced above. The applicant is apparently off of work. The applicant has apparently been deemed disable, it was suggested on a progress note of June 19, 2014. The fact that the applicant is off of work, coupled with the fact that the applicant remains dependent on opioid agents such as Percocet, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of fenoprofen. Therefore, the request was not medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDs, GI Symptoms, and Cardiovascu.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment NSAID-induced dyspepsia, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and by further commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly outline whether the applicant's issues with reflux had been effectively attenuated following introduction of omeprazole, nor did the attending provider reconcile continued consumption of omeprazole with the applicant's seemingly concomitant provision with another proton pump inhibitor,

AcipHex, on July 9, 2014. It appears, thus, the applicant was receiving omeprazole from one provider and AcipHex from another. Therefore, the request was not medically necessary.