

Case Number:	CM15-0010267		
Date Assigned:	01/27/2015	Date of Injury:	01/20/2011
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 29 year old male sustained an industrial injury on 1/20/11, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (6/11/11) showed disc protrusion at L4-5 and L5-S1. EMG/NCV (2/21/13) showed lumbar radiculopathy following the L4 nerve root. Current diagnoses included lumbalgia, lumbar sprain/strain and lumbosacral neuritis or radiculitis. In a PR-2 dated 12/30/14, the injured worker complained of lumbar back pain 5/10 on the visual analog scale. The physician noted that medications and TENS helped with pain. Physical exam was remarkable for tenderness to palpation to the lumbar spine with mildly decreased range of motion. Work status was modified duty restricting lifting to less than 20 pounds with no repetitive bending or stooping and no pushing or pulling. The treatment plan included Fenoprofen 400 mg as needed for pain, Omeprazole 20mg to prevent gastroesophageal reflux disease, continuing home exercise and TENS treatment and staying active. On 1/6/15, Utilization Review noncertified a request for Omeprazole 20mg #60 with refills and Fenoprofen 400mg, citing CA MTUS Chronic Pain Medical Treatment Guidelines, as a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen & NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 71 & 67-73.

Decision rationale: Fenoprofen 400mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Fenoprofen can be prescribed for osteoarthritis (off-label use for ankylosing spondylitis) at 300 - 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Fenoprofen can also be used for mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed. The guidelines state that: NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Fenoprofen without evidence of functional improvement and with increasing levels of pain from time of initial prescription of Fenoprofen to follow up visits. The request for continued Fenoprofen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally, the request does not indicate a quantity. The request for continued Fenoprofen is not medically necessary.

Omeprazole 20mg #60 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Retrospective request for Omeprazole 20 mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state: that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. The documentation also indicates that the Fenoprofen is not medically necessary. Therefore the request for Omeprazole is not medically necessary.