

Case Number:	CM15-0011198		
Date Assigned:	01/29/2015	Date of Injury:	01/07/2008
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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

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 47-year-old female who reported an injury on 01/07/2008. The mechanism of injury was not included. Her diagnoses included cervical spine discopathy. Past treatments included medications and use of a cervical spine pillow. On 11/20/2014, the injured worker complained of cervical spine pain radiating down the right upper extremity with difficulty sleeping and increased pain of the right ankle/right leg. Physical examination revealed restricted range of motion of the cervical spine, tenderness to palpation of the upper trapezius, increased compression, and positive impingement of the left shoulder. Current medications were not specified. The treatment plan included a request for a CT scan, acupuncture, psych re-evaluation, refill of medications and a followup visit. A request was received for ibuprofen 800 mg, #60 and Prilosec 20 mg #60. The rationale for the request was not provided. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest dose with the shortest period in patients with moderate to severe pain. The guidelines also state there is no evidence of long term effectiveness for pain or function. The clinical information indicated the injured worker has been taking ibuprofen for an unspecified amount of time. However, there was no documentation with evidence that first line medications such as acetaminophen were tried and failed before the use of NSAIDs was initiated. In addition, there was no documentation with quantified evidence of functional improvement with the use of medication. Given the absence of the information indicated above, the request is not supported. Furthermore, the request as submitted does not specify frequency of use of the medication. Therefore, the request for Ibuprofen 800mg #60 is not medically necessary.

Prilosec 20mg #60: Upheld

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.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors in patients at risk for gastrointestinal events. The clinical information indicated that the injured worker has been taking Prilosec for an unspecified amount of time. However, there was no documentation with evidence of functional improvement with use of the medications. In addition, there was no documentation with evidence of current gastrointestinal event risks including history of peptic ulcer, GI bleeding or perforation with examination. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted does not specify frequency of use. Therefore, the request for Prilosec 20mg #60 is not medically necessary.