

Case Number:	CM15-0114015		
Date Assigned:	06/22/2015	Date of Injury:	05/16/2013
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 48 year old female who sustained an industrial injury on 05/16/2013. The injured worker was diagnosed with chronic cervicothoracic strain, headaches, chronic lumbar strain, bilateral lower extremity pain with radiculitis of the left leg and panic attacks. Treatment to date has included diagnostic testing, conservative measures, psychological evaluation, authorized transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on February 23, 2015 the injured worker was evaluated for cervical, lumbar and bilateral wrists pain. The injured worker rates her pain level at 4/10, which was improved from the last visit. Examination of the cervical spine demonstrated decreased range of motion with tenderness to the paraspinal and trapezius muscles. Spurling's was positive on the right. Strength and sensation was normal on the left but decreased on the right at C5 through C8. The thoracic spine was tender to palpation with hypertonicity of the paraspinal muscles on the right. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to the paraspinal muscles and decreased sensation at L4, L5 and S1 and motor at 4/5 bilaterally. Deep tendon reflexes were intact bilaterally. Current medications are listed as Motrin and Prilosec. Treatment plan consists of continue with medication regimen, transcutaneous electrical nerve stimulation (TEN's) unit, modified work duties, rheumatology consultation, urine drug screening and the current request for Motrin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin (Ibuprofen 800mg) #120 dispensed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there is functional efficacy derived from treatment rendered enabling the patient to continue functioning on modified duty. The Motrin (Ibuprofen 800mg) #120 dispensed is medically necessary and appropriate.

Prilosec (Omeprazole 20mg) #60 dispensed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2015, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (Updated 6/15/15).

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, Omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as Pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation

of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec (Omeprazole 20mg) #60 dispensed is not medically necessary and appropriate.