

<b>Case Number:</b>	CM15-0127835		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Emergency 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:

Treatment to date has included diagnostic studies, surgery, medications, physical therapy and chiropractic treatment. On June 18, 2015 the injured worker complained of constant low back pain rated as a 4 on a 1-10 pain scale with medications and as a 7/10 on the pain scale without medications. The pain was noted to radiate down the bilateral lower extremities along with numbness. The treatment plan included a diagnostic bilateral L3-4 and L4-5 transforaminal epidural steroid injection using fluoroscopy, medications and a follow-up visit. On June 26, 2015, Utilization Review non-certified the request for Nabumetone (Relafen) 750 mg #120 and Lansoprazole (Prevacid) delayed-release capsule 30 mg #120, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumentone (Relafen) 750mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Nabumentone (Relafen) 750mg #120, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has constant low back pain rated as a 4 on a 1-10 pain scale with medications and as a 7/10 on the pain scale without medications. The pain was noted to radiate down the bilateral lower extremities along with numbness. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Nabumentone (Relafen) 750mg #120 is not medically necessary.

**Lansoprazole (Prevacid) Delayed- release capsule 30mg #120:** 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, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested Lansoprazole (Prevacid) Delayed- release capsule 30mg #120 , is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant low back pain rated as a 4 on a 1-10 pain scale with medications and as a 7/10 on the pain scale without medications. The pain was noted to radiate down the bilateral lower extremities along with numbness. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Lansoprazole (Prevacid) Delayed- release capsule 30mg #120 is not medically necessary.