

<b>Case Number:</b>	CM15-0170366		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Hawaii

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 28 year old male, who sustained an industrial injury on August 13, 2013. The injury occurred while the injured worker was pulling a heavy cart from an industrial freezer. The injured worker sustained injuries to the left knee and low back. The diagnoses have included lumbar spine sprain-strain, lumbar spine disc disease, left knee residual pain, lumbar discogenic pain, lumbar spondylosis and lumbar left foraminal stenosis. The injured worker was working with modified duties. Current documentation dated July 17, 2015 notes that he injured worker reported constant low back pain rated 8.5 out of 10 with muscle spasm and stiffness. The injured worker also noted constant left knee pain with associated numbness and tingling. The left knee pain was rated a 7 out of 10 on the visual analogue scale. Objective findings noted mild left knee crepitation and a range of motion of 0-120. The documentation was hand written and difficult to decipher. Treatment and evaluation to date has included x-rays of the left knee, electrodiagnostic studies, medications, MRI, knee brace, epidural steroid injections and physical therapy. A current medications list was not provided. The injured worker has been prescribed Ibuprofen (since at least August of 2013). The treating physician's request for authorization dated July 17, 2015 included requests for Ibuprofen 800 mg # 60 and Omeprazole 20 mg # 90. The original Utilization Review dated August 5, 2015 non-certified the requests for Ibuprofen 800 mg # 60 due to lack of documentation of subjective or objective benefit from the medication. Utilization Review non-certified the request for Omeprazole 20 mg # 90 due to lack of documentation that the injured worker was at risk for gastrointestinal problems per the guidelines.

## 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient has chronic severe low back and left knee pain. The current request is for Ibuprofen 800mg #60. The Attending physician makes a handwritten request for Ibuprofen and Prilosec. While the medical records do indicate the patient has constant and severe low back and knee pain, there is no indication that the medication is helping. The CA MTUS does recommend the use of NSAIDs, but does require ongoing review and documentation of pain relief and functional improvement as outlined on page 60. In this case, the records are not consistent with CA MTUS guidelines and documentation that is more thorough is necessary to establish medical necessity and therefore is not medically necessary.

### **Omeprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient has chronic severe low back and left knee pain. The current request for consideration is Omeprazole 20mg #90. The CA MTUS recommends medications such as Omeprazole for patients with complaints of gastritis, gastroesophageal reflux disease (Gerd) or dyspepsia. Prophylactic use is supported by MTUS when specific criteria are met, which include: (1) age >65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there is no risk assessment and no documentation of dyspepsia. The documentation provided is not consistent with guideline criteria, therefore fails to establish medical necessity for the request of Omeprazole, and therefore is not medically necessary.