

<b>Case Number:</b>	CM15-0174788		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 75 year old male, who sustained an industrial injury on 5-7-09. The injured worker was diagnosed as having lumbar degenerative disc disease, right knee pain, status post right knee arthroscopic partial medial meniscectomy, degenerative joint disease in bilateral knees, lateral meniscus tear of the left knee, lumbar facet pain, and possibility of lumbar radiculopathy. Treatment to date has included medication, the use of a lumbar brace, and the use of a cane. On 6-18-15 pain was rated as 8 of 10 and on 7-21-15 pain was rated as 7 of 10. Physical examination findings on 7-21-15 noted gastrointestinal reflux, stiff and antalgic gait, tenderness in the lumbar facet joints bilaterally, and 4 of 5 strength in bilateral lower extremities. The injured worker had been taking Ibuprofen and Omeprazole since at least December 2014. Currently, the injured worker complains of low back pain and bilateral knee pain. The treating physician requested authorization for Ibuprofen and Omeprazole. On 8-7-15 the requests were non-certified. Regarding Ibuprofen, the utilization review (UR) physician noted "based on these guidelines the request for continued long-term administration of Ibuprofen will be denied." Regarding Omeprazole, the UR physician noted "as the request for continuation of NSAIDs has been denied, this request will also be denied."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient presents on 07/21/15 with bilateral knee and lower back pain rated 7/10. The patient's date of injury is 05/07/09. Patient is status post right knee partial medial meniscectomy at a date unspecified. The request is for IBUPROFEN (800MG #60 PER PR-2). The RFA was not provided. Physical examination dated 07/21/15 reveals tenderness to palpation of the bilateral lumbar facets, with lumbar spasms noted. The patient is currently prescribed Ibuprofen, Nortriptyline, and Omeprazole. Patient is currently advised to return to modified work on 08/31/15. MTUS Guidelines, Anti-inflammatory medications section, pg 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." In regard to Ibuprofen for this patient's lower back and knee pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 07/21/15 has the following regarding medication efficacy: "Combination of current medications are helping for pain." While the RFA was not provided for this request, the PR-2 dated 07/21/15 requests 60 tablets of 800MG Ibuprofen. Given the conservative nature of this medication and the documented analgesia, continued use is substantiated. The request IS medically necessary.

**Omeprazole:** 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) NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** The patient presents on 07/21/15 with bilateral knee and lower back pain rated 7/10. The patient's date of injury is 05/07/09. Patient is status post right knee partial medial meniscectomy at a date unspecified. The request is for OMEPRAZOLE (20MG #30 PER PR-2). The RFA was not provided. Physical examination dated 07/21/15 reveals tenderness to palpation of the bilateral lumbar facets, with lumbar spasms noted. The patient is currently prescribed Ibuprofen, Nortriptyline, and Omeprazole. Patient is currently advised to return to modified work on 08/31/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment,

such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to Omeprazole for this patient's GI upset, the treater has not provided documentation of efficacy. This patient has been prescribed Omeprazole since at least 07/31/14 for medication-induced gastritis, though efficacy is not addressed in the most recent progress notes. The only discussion of GI symptoms in the most recent report is that the patient is "positive for reflux." However the provider does not include discussion of efficacy or document how Omeprazole improves this patient's GI complaints. Without such discussion the continuation of Omeprazole cannot be substantiated. The request IS NOT medically necessary.