

Case Number:	CM15-0042227		
Date Assigned:	03/12/2015	Date of Injury:	12/02/2008
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 58 year old female, who sustained an industrial injury on 12/2/2008. Currently she reported constant pain to lumbar and cervical spine. The injured worker has been diagnosed with, and/or impressions were noted to include, cervical strain with cervicgia; motor vehicle traffic accident involving collision with other vehicle; and lumbosacral strain with lumbago. Treatments to date have included medical and psychological consultations; magnetic resonance imaging studies of the thoracic, cervical and lumbar spine (10/14/13); and medication management. It is noted that the injured worker is continued on a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 and cardiovascular risk Page(s): 69.

Decision rationale: Per the 01/15/15 report the patient presents for follow up of lumbar and cervical spine pain. The current request is for PRILOSEC 20mg #30. The RFA is not included. It is noted that the injured worker is continued on a modified work duty. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided for review do not discuss this medication. The patient is prescribed NSAIDs Naprosyn and Relafen; however, no GI issues are discussed for this patient. No GI assessment has been provided as required by the MTUS guidelines. Furthermore, the patient has been prescribed this medication since at least 08/11/14, and the reports do not state whether or not this medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

Relafen 750mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Per the 01/15/15 report the patient presents for follow up of lumbar and cervical spine pain. The current request is for RELAFEN 750mg #60 an NSAID. The RFA is not included. It is noted that the injured worker is continued on a modified work duty. MTUS Anti-inflammatory medications page 22 state, 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 reports provided for review show the patient is prescribed Relafen, Naprosyn and Omeprazole. The treating physician does not discuss this medication. It is not listed in reports prior to 01/15/15 and it appears the patient is just starting this medication. There is no evidence that oral NSAIDs are prescribed prior to 12/04/14. In this case, the currently requested medication is indicated for this patient's pain, and the patient is starting this medication. The request IS medically necessary.