

Case Number:	CM15-0078177		
Date Assigned:	04/29/2015	Date of Injury:	07/29/2009
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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 56-year-old 56, who sustained an industrial injury on 7/29/09. The injured worker has complaints of back and leg pain. The diagnoses have included posterior disc protrusion, L4-L5 inner space measuring 3.7mm; lumbar discopathy and radiculopathy, clinically; neuropathy of lower limbs; lumbar sprain/strain and mild L5-S1 (sacroiliac) radiculopathy. Treatment to date has included norco; zanaflex; electromyography/nerve conduction velocity; magnetic resonance imaging (MRI) of the lumbar spine; acupuncture and physical therapy. The request was for omeprazole 20 MG #30 1 daily with 1 additional refill and ibuprofen 800 MG #90 1 orally 3 times a day as needed with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #30 1 Daily with 1 Additional Refill: Overturned

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: The patient was injured on 07/29/09 and presents with lumbar spine pain. The request is for OMEPRAZOLE 20 MG #30 1 DAILY WITH 1 ADDITIONAL REFILL. The utilization review rationale is that "there is no report regarding preexisting gastrointestinal disease that would support this medication based upon available documentation." The RFA is dated 03/09/15 and the patient will return to work on 03/09/15 with the following restrictions: "limited to occasional lifting of 20 pounds, limited to frequent lifting of 15 pounds, limited to constant lifting of 10 pounds. A four-hour work day for one month. Must have 5 minute breaks for each 60 minutes of walking and standing, and no repetitive bending." The patient has been taking Omeprazole as early as 12/02/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with posterior disc protrusion, L4-L5 inner space measuring 3.7mm, lumbar discopathy and radiculopathy, neuropathy of lower limbs, lumbar sprain/strain, and mild L5-S1 (sacroiliac) radiculopathy. The patient is currently taking Ibuprofen and Omeprazole. She has a limited lumbar spine range of motion and is mildly tender to palpation over the spinous processes of L4-L5 as well as over the corresponding bilateral sacroiliac joint spaces. The 03/09/15 report states, "The patient does get gastric discomfort with utilization of NSAIDs." In this case, the patient is taking ibuprofen, which is an NSAID. She presents with gastric discomfort, for which this medication is indicated for. Use of PPIs is indicated for GERD and other stomach issues, as this patient is diagnosed with. Therefore, the requested Omeprazole IS medically necessary.

Ibuprofen 800 MG #90 1 Orally 3 Times A Day As Needed with 1 Refill: Overturned

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

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

Decision rationale: The patient was injured on 07/29/09 and presents with lumbar spine pain. The request is for IBUPROFEN 800 MG #90 1 ORALLY 3 TIMES A DAY AS NEEDED WITH 1 REFILL. The utilization review rationale is that there is "no report regarding objective measures of functional benefit directly associated with this long-term high dose NSAID treatment regimen." The RFA is dated 03/09/15 and the patient will return to work on 03/09/15 with the following restrictions: "limited to occasional lifting of 20 pounds, limited to frequent lifting of 15 pounds, limited to constant lifting of 10 pounds. A four-hour work day for one month. Must have 5 minute breaks for each 60 minutes of walking and standing, and no repetitive bending." It appears that this is the initial trial for this medication. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatory 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. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for

chronic pain. The patient is diagnosed with posterior disc protrusion, L4-L5 inner space measuring 3.7mm, lumbar discopathy and radiculopathy, neuropathy of lower limbs, lumbar sprain/strain, and mild L5-S1 (sacroiliac) radiculopathy. The patient is currently taking Ibuprofen and Omeprazole. She has a limited lumbar spine range of motion and is mildly tender to palpation over the spinous processes of L4-L5 as well as over the corresponding bilateral sacroiliac joint spaces. Given that the patient has chronic low back pain, a trial of Ibuprofen appears reasonable. Therefore, the request IS medically necessary.