MAXIMUS Federal Services

Case Number:	CM15-0095351		
Date Assigned:	05/21/2015	Date of Injury:	10/15/2012
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 27 year old male, who sustained an industrial injury on 10/15/12. He reported low back pain. The injured worker was diagnosed as having pain in the thoracic spine, chronic lumbar spondylosis without myelopathy, sacroiliitis, facet arthropathy, thoracic disc degenerative disease, thoracic radiculitis, chronic pain due to trauma, low back pain, and lumbar degenerative disc disease. Treatment to date has included a radiofrequency medial branch neurotomy at L3-5 bilaterally on 4/6/15, physical therapy, TENS, and medications including Pepcid. A physician's report dated 4/10/15 noted pain was rated as 6/10 without medications and 4/10 with medications. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Ibuprofen 600mg #90 and Pepcid 40mg #30 both for the date 4/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg 1-3 times daily #90 (Rx 04/10/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)This medication is recommended for the shortest period of time and at the lowest dose possible. The shortest period of time is not defined in the California MTUS. The requested medication is within the maximum dosing guidelines per the California MTUS. Therefore the request is medically necessary.

Pepcid 40mg daily #30 (Rx 04/10/15): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, pepcid.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference states the requested medication is a H2 blocker with indication in the treatment of peptic ulcer disease, dyspepsia, gastritis or GERD. The patient does have dyspepsia and therefore the request is medically necessary.