

Case Number:	CM15-0098539		
Date Assigned:	06/01/2015	Date of Injury:	08/26/2013
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of August 26, 2013. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for ibuprofen and omeprazole. A May 4, 2015 RFA form and associated progress note dated April 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a March 18, 2015 RFA form, Vicodin, Motrin, and Norco were renewed. In an associated progress note dated March 17, 2015, the applicant reported 6 to 7/10 low back pain complaints, dropping to 3/10 with medications. Vicodin, Motrin, and Prilosec were renewed. The applicant's works status was not detailed. The attending provider stated that the applicant's medication consumption was ameliorating performance of unspecified activities of daily living. On February 2, 2015, the applicant again reported ongoing complaints of low back pain. Vicodin, ibuprofen, and omeprazole were endorsed. The attending provider stated that he was employing the combination of ibuprofen and omeprazole on the grounds that previously provided Celebrex had been denied. There was, however, no mention of the applicant's having issues with reflux, heartburn, and dyspepsia. The applicant's gastrointestinal (GI) history and/or review of systems were not detailed. On December 2, 2014, it was again stated that the applicant was no longer working. Vicodin and permanent work restrictions were endorsed. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Ibuprofen 800mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of ibuprofen. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioids agents such as Vicodin. Permanent work restrictions were renewed, unchanged from visit to visit, despite ongoing usage of ibuprofen. The attending provider failed to outline meaningful or improvements in function (if any) suspected as a result of ongoing ibuprofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Prospective usage of Omeprazole 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 & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.