

<b>Case Number:</b>	CM13-0022121		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Medical Oncology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male with a reported date of injury of 01/07/2010. The patient had low back pain, bilateral lower extremity symptoms, left arm pain, tenderness to palpation over the lumbar paraspinals bilaterally, decreased flexion and extension of the lumbar spine and decreased sensation bilaterally in the S1 dermatomal distribution. The patient had a negative straight leg raise bilaterally. Muscle stretch reflex was normal and symmetrical at the patellae and Achilles, and the patient denied any side effects from the medications. The patient had diagnoses of bilateral lumbar radiculopathy and chronic pain. The provider's treatment plan included a request for omeprazole 20 mg #60 and a request for naproxen 550 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60:** 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 Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no

cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the provided documentation, the patient denied having any side effects of the medications and stated that the medications continued to decrease his pain and normalize his function. It was noted within the documentation that the medication was use for a risk of gastrointestinal events. However, within the provided documentation, it was unclear if the patient had a history of peptic ulcer, GI bleeding or perforation, and the patient was not over the age of 65, which would be indications that the patient was at risk for gastrointestinal events. The request for omeprazole is not medically necessary and appropriate.

**Naproxen 550mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs 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. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines note periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) is recommended as well as routine blood pressure monitoring. Within the provided documentation, it appeared that the patient had been utilizing NSAID medications since at least 12/20/2012 and specifically naproxen since 01/10/2013; the guidelines recommend the use of NSAIDs for short-term symptomatic relief. Within the provided documentation, it did not appear that the patient had a diagnosis of osteoarthritis of the knee or hip or was experiencing an acute exacerbation of chronic low back pain. The requesting physician did not include documentation that periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) had been performed. It was noted that the patient denied any side effects of the medication and stated they continued to decrease his pain and normalize his function; however, there was not adequate documentation of significant objective functional improvement with the use of the medication in order to demonstrate the efficacy of the medication. The request for naproxen is not medically necessary and appropriate.