

<b>Case Number:</b>	CM13-0026998		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented former mechanic, electrician, and carpenter who have filed a claim for chronic headaches, chronic neck pain, chronic low back pain, ankle fracture, and chronic elbow pain reportedly associated with an industrial contusion injury of December 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; open reduction and internal fixation of an ankle fracture; CT scanning of the head, negative for any intracranial hemorrhage, notable only for a scalp hematoma; MRI imaging of the lumbar spine of January 22, 2013, notable for low-grade disk bulges and protrusions of uncertain clinical significance; attorney representation; a lumbar traction device; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of September 11, 2013, the claims administrator denied a request for Prilosec, authorized a request for Norco, authorized a request for Topamax, denied a request for naproxen, denied a request for Motrin, and denied a request for Lunesta. The applicant's attorney subsequently appealed, on September 20, 2013. On October 9, 2013, the applicant presents with chronic low back pain and is given prescriptions for Norco and Topamax. A later note of November 12, 2013 is again notable for ongoing issues with chronic low back pain, headaches, and facet joint arthropathy. Norco, Topamax, and Motrin are refilled while the applicant has returned to modified work. Earlier notes, including those dated October 9, 2013 and August 29, 2013 are surveyed. There is no mention of dyspepsia or reflux or other gastrointestinal symptoms noted on the review of systems section.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence or mention of dyspepsia on any recent progress note of 2013, either NSAID-induced or stand-alone. The request for Omeprazole 20mg is not medically necessary and appropriate.

**Naprosyn 550mg:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications such as Naprosyn is the traditional first-line treatment for chronic pain issues; in this case, there is no evidence of ongoing functional improvement to justify ongoing usage of Naprosyn. The attending provider wrote on a November 12, 2013 that current medications seem to help the employee for pain; however, Naprosyn did not appear to be one of the medications the employee was using at that time. There is no evidence of ongoing functional improvement effected through prior Naprosyn usage. The employee does not appear to have exhibited any improvement in terms of work status, work restrictions, and/or diminished reliance on medical treatment. The employee has not returned to work and continues to use several different analgesic and adjuvant medications which reflects the lack of functional improvement as defined in section 9792.20f of the MTUS. The request for Naprosyn 550mg is not medically necessary and appropriate.

**Ibuprofen 600mg:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications do represent the traditional first line of treatment for chronic pain, in this case, as with Naprosyn, the employee has used NSAIDs chronically and failed to clearly

exhibit functional improvement as defined in section 9792.20f of the MTUS. The employee's work status and work restrictions are unchanged from visit to visit and does not appear to have returned to work. The employee's reliance on several different analgesic and adjuvant medications also reflects a lack of reduction in dependence on medical treatment. The request for Ibuprofen 600mg is not medically necessary and appropriate.

**Lunesta:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment..

**Decision rationale:** The MTUS does not address the topic of sleep aids or insomnia treatment. The Official Disability Guidelines (ODG), insomnia treatment topic does state that Lunesta is the only benzodiazepine receptor agonist approved for FDA usage for longer than 35 days. In this case the attending provider did not clearly state or suggest in the body of their report or in the review of systems section, that the employee was suffering from issues with insomnia for which Lunesta would, be indicated. The request for Lunesta is not medically necessary and appropriate