

<b>Case Number:</b>	CM13-0032709		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 14, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; prior lumbar fusion surgery; muscle relaxants; and, per the claims administrator's utilization report of September 10, 2013, apparent return to work at a rate of five to six hours a day. In a Utilization Review Report of September 10, 2013, the claims administrator approved request for tramadol and Neurontin while denying Naprosyn and Prilosec. The applicant's attorney subsequently appealed. In a progress note of October 29, 2013, it is stated that the applicant has returned to work at a rate a five to six hours a day. The attending provider writes that usage of pain medications has resulted in improved ability to sleep, function, and work. The applicant's pain is 8 to 9/10 without medications and 3 to 4/10 with medications. Tenderness and limited range of motion about paraspinal muscles is noted. The applicant has returned to work with a 20-pound lifting limitation. Neurontin, tramadol, Naprosyn, Prilosec, and Norflex are again endorsed. It is stated that Prilosec is being endorsed for gastritis. An earlier note of October 1, 2013, is notable for comments that the applicant's combination of Naprosyn and tramadol reduces his pain and inflammation and permits continued return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 500mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications..

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that anti-inflammatory medications, such as Naprosyn, represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, the applicant has seemingly affected functional improvement through prior usage of the same. Specifically, the applicant has in fact achieved and/or maintained successful return to work, reportedly effected as a result of ongoing medication usage. Therefore, the request is certified.

**Prilosec 20mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that proton-pump inhibitors, such as omeprazole or Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID) induced dyspepsia. In this case, the applicant is described as having ongoing issues with gastritis, either stand alone or as a result ongoing NSAID usage. Continued usage of Prilosec is indicated and appropriate in this context. Therefore, the request is certified.