

<b>Case Number:</b>	CM13-0054753		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/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 42 year old male with date of injury 2/6/12. The mechanism of injury is not specified in the available medical records. The patient has complained of chronic low back pain and shoulder pain since the date of injury. He has been treated with epidural corticosteroid injections, physical therapy and medications. MRI of the lumbar spine performed in 05/2013 revealed degenerative disc and joint disease and neuroforaminal encroachment at multiple levels. Objective: tenderness to palpation of the lumbar spinous processes, positive Fabere's test on the right, tenderness to palpation of the piriformis musculature on the right, right shoulder pain with range of motion, positive Apley's test and positive apprehension test of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG DELAYED RELEASE CAPSULES; 1 CAP EVERY 12 HRS**  
#120: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GASTROINTESTINAL SYMPTOMS AND CARDOVASCULAR RISK Page(s): 67-68.

**Decision rationale:** This 42 year old male has complained of chronic shoulder and low back pain since date of injury on 2/6/12. He has been treated with epidural corticosteroid injections, physical therapy and medications to include omeprazole since at least 07/2013. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. Co-therapy with an NSAID is not indicated in patients other than those at higher risk, as described in the MTUS. No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Omeprazole is not indicated based on lack of medical necessity according to the MTUS, and risk of toxicity.

**NAPROXEN SODIUM 550MG TAB, ONCE EVERY 12 HRS W/ FOOD PRN PAIN #100:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47, 67-68.

**Decision rationale:** This 42 year old male has complained of chronic shoulder and low back pain since date of injury on 2/6/12. He has been treated with epidural corticosteroid injections, physical therapy and medications to include naproxen since at least 07/2013. Per the MTUS guidelines cited above, Naproxen and other NSAIDS are recommended for short term (2-4 weeks) symptomatic relief only and have proven no more effective than other drugs such as Tylenol for relief of pain. The trial of NSAID therapy in this patient has been for at least 10 weeks and exceeds the recommended trial period of NSAID use per the guidelines cited above. Naproxen is not indicated based on lack of medical necessity according to the MTUS guidelines above.