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| <b>Case Number:</b>   | CM13-0058443 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/18/2013 |
| <b>Decision Date:</b> | 04/03/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/26/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 59 year old female who reported an injury on 1/18/13. The patient tripped and fell on an uneven portion of cement onto her left side. Documentation from 7/15/13 revealed the patient was taking Omeprazole 20mg, and documentation from 10/21/13 revealed the patient was taking Lisinopril. The patient was noted to have constant pain in the neck, intermittent pain in the right shoulder, and a constant dull pain in the low back. The patient's diagnoses were cervicalgia, pain in the upper arm, herniated disc in the lumbar spine, and pain in the lumbar spine. Recommendations were for 90 Cyclobenzaprine 7.5mg, Tramadol hydrochloride ER 150mg, 90 naproxen sodium 550mg, 60 pantoprazole sodium DR 20mg, and topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Pantoprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68.

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

**Decision rationale:** The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to

illustrate risk factors for dyspepsia or other gastrointestinal events. As such, the request for pantoprazole would not be necessary. The request is noncertified.

**90 Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68.

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

**Decision rationale:** The California MTUS guidelines indicate that NSAIDs are recommended for short term symptomatic relief. The clinical documentation submitted for review indicated that the patient was prescribed Tramadol; there was a lack of documentation indicating a necessity for two medications for pain. Given the above, the request for Naproxen would not be necessary. The request is noncertified.