

<b>Case Number:</b>	CM13-0058835		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine & Rehabilitation 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 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 underlying date of injury in this case is 12/14/2004. The treating diagnosis is lumbar disc displacement. The patient was seen in orthopedic evaluation on 10/28/2013 in followup of the injury to his cervical, thoracic, and lumbar spine from 2004. The patient reported pain at 7/10 in the back and in the right foot of 4/10 and reported numbness and tingling down the left leg to the back of the heel. No specific neurological deficits were noted. The patient was diagnosed with multilevel lumbar bulging as well as a right tarsal navicular deformity and a cervical and thoracic sprain. The treating physician prescribed naproxen with two refills, and the treating physician also prescribed omeprazole to protect the gastric mucosa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NAPROXEN 550MG #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that anti-inflammatories are the traditional first line of treatment, although long-term use may not be

warranted. The physician notes in this case do not describe benefits or benefits versus risks of anti-inflammatory medication for this injury which is almost a decade old. The medical records do not establish an indication for naproxen consistent with the treatment guidelines. This request is not medically necessary.

**1 PRESCRIPTION OF PRILOSEC 20MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines discuss that the patient and physician should determine if the patient is at risk of gastrointestinal events. The medical records in this case do not provide a specific rationale as to why this patient is at risk for gastrointestinal events to require the use of Prilosec. Moreover, since a determination has been made that naproxen is not medically necessary, Prilosec would not be necessary as prophylaxis against side effects of naproxen. For these reasons, the request for Prilosec is not medically necessary.