

<b>Case Number:</b>	CM13-0060964		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 an employee of [REDACTED] who has filed a claim for cervical strain, lumbar strain, sexual dysfunction, abdominal pain, headaches and sleep apnea associated with an industrial injury dated December 7, 2007. Treatment to date has included oral and topical analgesics, oral skeletal muscle relaxants, SSRIs, aquatic therapy and retro toradal injection. A utilization review dated December 3, 2013 modified request for Naprosyn 500mg BID PRN #90 to #60 because Guidelines only recommend NSAIDs for short term use. A request for Prilosec 20mg BID was denied due to no documentation of GI effects. Medical records were reviewed from March to October 2013 showing persistent back and leg pain. Physical examination findings were status quo showing lumbar paraspinal muscle tenderness, spasm and guarding. There is decreased range of motion (flexion 40 degrees, extension 15 degrees). The hamstrings are tight bilaterally. The patient has been prescribed with Exoten-C lotion 0.002%/10%/20% for topical pain relief, Norco 10/325 mg for breakthrough pain, Tizanidine 4mg for muscle spasm and tramadol 50mg for pain on March 14, 2013. On a May 9, 2013 progress report, Naprosyn 550mg BID PRN was prescribed for its anti-inflammatory effects and Prilosec 20mg BID #90 for GI upset. Duration of use was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NARPOSYN 500MG 1 BID PRN #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 67-68.

**Decision rationale:** Naprosyn is a brand name for naproxen, an NSAID. As stated on pages 67-68 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain, while it is recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. Studies in patients with axial low back pain show that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. In this case, the patient was prescribed Naprosyn as far back as May 9, 2013, however frequency and duration of use was not specified. The request did not indicate whether Naprosyn was for short term use only. Medical records did not show trial and failure of acetaminophen to relieve pain. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines' recommendations. Treatment response in terms of improvements in activities of daily living was also not documented. Therefore, the request for Naprosyn 500mg BID PRN #90 is not medically necessary and appropriate.

**PRILOSEC 20MG 1 BID #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Prilosec is a brand name for the proton pump inhibitor Omeprazole. As stated on page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, Prilosec was prescribed as far May 9, 2013. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upsets. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request for Prilosec 20mg BID #90 is not medically necessary.