

<b>Case Number:</b>	CM13-0065513		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 52 year-old male who was injured on 7/2/2012. He has been diagnosed with lumbar radiculitis; lumbago, strain/sprain; left hip bursitis. According to the 9/16/13 pain management report from [REDACTED], the patient presents with 9/10 low back pain radiating down the left lower extremity and 9/10 left hip pain. [REDACTED] recommended Naproxen and Omeprazole, and these were retrospectively denied by UR on 11/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60 (RETROSPECTIVE):** Overturned

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

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

**Decision rationale:** The MTUS guidelines on antiinflammatory medications states these are traditional first line treatment to reduce pain. and states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory

drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." According to the 9/16/13 pain management report from [REDACTED], the patient presents with 9/10 low back pain radiating down the left lower extremity and 9/10 left hip pain. On 11/22/13, [REDACTED] clarifies the pain, stating it is 9/10 without medications, in the lower back, but medications will bring it to 5/10, and the left hip pain is 10/10 and the medication brings it to 5/10. The physician has reported that it improves the pain levels. The request for Naproxen 550mg # 60 (retrospective) is medically necessary and appropriate.

**OMEPRAZOLE 20MG #60 (RETROSPECTIVE):** 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, Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors: Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations, patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200  $\hat{I}$ 4g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." According to the 9/16/13 pain management report from [REDACTED], the patient presents with 9/10 low back pain radiating down the left lower extremity and 9/10 left hip pain. On 11/22/13, [REDACTED] clarifies the pain, stating it is 9/10 without medications, in the lower back, but medications will bring it to 5/10, and the left hip pain is 10/10 and the medication brings it to 5/10. [REDACTED] states the Omeprazole was to treat GI irritation. The 11/22/13, and 9/16/13 reports from [REDACTED] did not mention any subjective or objective findings of GI irritation and did not discuss any of the MTUS risk factors for GI events. There was no indication that the patient had GERD or if the GI irritation was due to the NSAID. The request for Omeprazole 20 mg #60 (retrospective) is not medically necessary and appropriate.