

Case Number:	CM14-0007137		
Date Assigned:	02/07/2014	Date of Injury:	03/19/2003
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old female who injured her back on 3/19/2003. She was later diagnosed with lumbar disc degeneration, lumbosacral neuritis, postlaminectomy syndrome and complained of chronic low and mid back pain since. Over the course of her treatment her physicians have used TENS, NSAIDs, opioids, analgesic patches, muscle relaxants, Lyrica, epidural injections, physical therapy, facet injection, trigger point injections, surgeries, and SCS implant. Also noted in the documents provided is the worker's medical history of migraine headaches, urinary incontinence, depression with anxiety, obesity, dyspepsia, dysphagia, hypothyroidism, hypogonadism, sleep disorder, anemia, asthma, constipation, irregular menses, high blood pressure, easy bruising, and tremors. In addition to the medications for her pain, she also was taking metoprolol for her high blood pressure, Cytomel and Levothyroxine for her thyroid disease, Prilosec for her dyspepsia, Topamax and Frova for her migraines, Amitiza and Senokot for her constipation, and Wellbutrin for her depression, and NitroStat. On 11/14/13, the worker complained to her treating physician that her mid back pain was worse and lumbar pain somewhat better since her last visit. On examination on that date, the physician noted muscle spasm and tenderness of the lumbar region and a positive straight leg test on the right. She was recommended to continue her current medications which included Naproxen and Prilosec and to increase her activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The California MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The California MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In patients with high blood pressure, NSAIDs may raise blood pressure, especially in settings with beta-blocker, ACE inhibitor, ARBs, or diuretic use. Congestive heart failure may develop due to fluid retention in these cases. The California MTUS suggests that in those with hypertension, blood pressure should be measured within 2-4 weeks of beginning an NSAID and again on each visit. In the case of this worker, who has a medical history of hypertension, treated with a beta-blocker, the NSAID is relatively contraindicated. The fact that she has prescribed NitroStat (for an unknown reason) suggests that she may have cardiovascular disease as well, which would also make the NSAID use contraindicated. Also, the worker has been using the NSAID chronically, not for acute short durations, and her neuropathic pain is not an indication for its use short term or long term. No documentation from the treating physician discusses the reasoning for continuing the NSAID in the setting of her already using other more appropriate oral agents for chronic use. Therefore, the chronic use of Naproxen 550 mg #60 is not appropriate and not medically necessary.

OMEPRAZOLE 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. For any use, the PPI category of medication should not be used indefinitely and is only recommended to be used for a short duration of time such as 3 months in typical cases when they are used for dyspepsia or stomach ulcers as they carry with them side effects. Weight loss is the first line therapy for most with dyspepsia. In the case of this worker, the Omeprazole had been used for at least many months in conjunction with her NSAID use as well as for possibly pre-existing

dyspepsia, according to the notes provided. Her NSAID dosing could be considered "high dose", but as the NSAIDs are relatively contraindicated (see #1) and her chronic use of the PPI only for dyspepsia, if that was the reason for use, would still not be recommended, the Omeprazole is not medically necessary.