

Case Number:	CM14-0009262		
Date Assigned:	02/14/2014	Date of Injury:	09/02/2012
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 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 patient is a 30 year old male who was injured on 9/2/12. He has been diagnosed with lower back pain, lumbosacral neuritis, lumbar facet syndrome, knee pain, myofascial pain, and lumbar radiculopathy. According to the 12/16/13 pain management report from [REDACTED], the patient presents with 3/10 pain, flared up from cold weather. He works limited hours and is being scheduled for a P&S report. On 12/27/13, a UR modified a request for Naproxen and Prilosec to allow a 1-month supply, and denied a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications MTUS Chronic Pain.

Decision rationale: The medical reports provided for review are vague on the efficacy of Naproxen. The 10/2/13 and 10/14/13 reports state the patient had been returned to modified duty,

so it appears that there is some improvement overall. The patient's pain level since the initial report on 12/6/2012 has dropped from 7/10 to 3/10. MTUS Chronic Pain Guidelines states antiinflammatory medications are first line treatment, 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." The request for Naprosyn appears to be in accordance with MTUS Guidelines.

PRILOSEC 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s).

Decision rationale: According to the 12/16/13 pain management report, the patient presents with 3/10 pain, flared up from cold weather. The medical report does not discuss efficacy or rationale for Prilosec. There is no mention of GERD, ulcers or dyspepsia from NSAIDs. The MTUS Chronic Pain Guidelines' risk factors for GI events were not discussed. The initial report dated 12/7/12 does not list ulcer or GI bleed or any of the MTUS Chronic Pain Guidelines' risk factors for GI events that could potentially support the use of Prilosec on a prophylactic basis. Based on the information provided, the request is not medically necessary and appropriate.

TOPICAL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 12/16/13 pain management report, the patient presents with 3/10 pain, flared up from cold weather. There is no mention of what the topical cream is, and the dosage or quantity is not listed. Without a description of the topical cream, it is impossible to determine whether the topical is in accordance with the MTUS recommendations. As such, the request is not medically necessary and appropriate.