

Case Number:	CM14-0014072		
Date Assigned:	02/26/2014	Date of Injury:	03/31/2011
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 and Rehabilitation, has a subspecialty in Pain 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 a 51 year old female who was injured on 03/31/2011. She was involved in a bus accident when a van ran the light and hit a bus. The patient was a passenger. Prior treatment history has included Naproxen, Vicodin, Elavil and Neurontin have been tried but has failed. UDS dated 11/21/2013 revealed unexpected results with prescribed medication. Appeal letter dated 01/21/2014 states the patient does not report improvement in symptoms and rates pain a 2/10 with medications but medication causes heartburn. Prilosec is requested to prevent GI prophylaxis and GI upset and irritations. Soap note dated 12/19/2013 states the patient presents with complaints of pain in the left mid back and lower back and left shoulder. She rates the severity of her pain as 10/10 at its worst and a 6/10 at its best. Patient states medication reduces her pain to an 8/10. Objective findings on exam revealed decreased cervical spine range of motion. The thoracic spine revealed exaggerated curvature; mildly tenderness to palpation at the left side with normal range of motion. The lumbar spine reveals normal range of motion. Motor strength is 5/5 in upper and lower extremities. Deep tendon reflexes are 1/4 in the lower and upper extremities. Initial evaluation report dated 11/21/2013 reports the patient complains of pain in the neck, both shoulders, and both hands with radiation to both arms. She has pain in the mid back and lower back. She rates her pain as 10/10 at its worse and a 6/10 at its best. She reports her symptoms have been worsening since her injury and she reports difficulty with dressing herself and personal hygiene because of her pain. She states naproxen causes heartburn. The treatment and plan include Naproxen 550 mg to reduce pain and will add Prilosec 20 mg for GI prophylaxis. Prior UR dated 01/15/2014 states the request for Naproxen 550 mg bid and Prilosec 20 mg bid is non-certified as documentation does not provide functional benefit and GI symptoms are secondary to the use of chronic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG B.I.D #60 PRESCRIBED ON 11/21/13: 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, NAPROXEN, 73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s) 67-68.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Naproxen is recommended as an option for short-term symptomatic relief. The medical records document the patient had complained of low back pain and left shoulder pain. In the absence of documented duration frequency of this medication, and in the absence of significant improvement of pain and function, the request is not medically necessary according to the guidelines. The request is not medically necessary and appropriate.

PRILOSEC 20 MG B.I.D. #60 PRESCRIBED ON 11/21/13: 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, 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Prilosec is a proton-pump inhibitor which is recommended in patients who are at intermediate risk for gastrointestinal (GI) events. The medical records document the patient had complained of low back pain and left shoulder pain. However, there is no documentation that the patient had developed gastrointestinal (GI) events following Naproxen use, and hence the medical necessity has not been established for continued use of Naproxen. Therefore, the request is not medically necessary according to the guidelines and is not medically necessary and appropriate.