

<b>Case Number:</b>	CM14-0154897		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 54-year-old male who has submitted a claim for left knee internal disruption, right knee pain, and lumbar discogenic disease with evidence of radiculopathy; associated with an industrial injury date of 06/24/2009. Medical records from 2014 were reviewed and showed that patient complained of low back and bilateral knee pain. Physical examination showed that the patient had an antalgic gait. Ranges of motion of the lumbar spine and bilateral knees were limited. McMurray's and Lachman test were positive on the right. Leg lift was positive bilaterally. Reflexes were decreased in the bilateral knees. Weakness of the bilateral abductor hallucis longus and foot flexors was noted. Sensation was intact. Treatment to date has included activity modifications, medications, TENS, physical therapy, Orthovisc injections and left knee arthroscopy and debridement (07/13/2010). Utilization review, dated 08/28/2014, denied the request for naproxen because there was no documentation of acute exacerbation of pain, acute breakthrough pain or acute pain, and continued chronic use increases the risk for upper GI side effects; and denied the request for omeprazole because there were no primary or secondary GI disease to warrant its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 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): 66.

**Decision rationale:** As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient complains of low back and bilateral knee pain despite medications, physical therapy, and surgery. The patient has been prescribed naproxen since at least 2009. However, naproxen is recommended for moderate to severe pain, and the medical records submitted for review failed to show VAS quantification of pain. Moreover, long-term use is not recommended. Therefore, the request for NAPROXEN SODIUM 550MG #60 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitor therapy Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient complains of low back and bilateral knee pain despite medications, physical therapy, and surgery. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Moreover, the medical records submitted for review did not show that the patient is at risk for a MTUS-defined gastrointestinal event. Therefore, the request for OMEPRAZOLE 20MG #60 is not medically necessary.