

Case Number:	CM14-0156243		
Date Assigned:	09/25/2014	Date of Injury:	05/06/2005
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 58-year-old male who reported an injury on 05/06/2005 reportedly tripped on a pallet on the floor, but did not fall while at work. He sustained injuries to his back, neck, and bilateral elbows. Injured worker's treatment history included MRI of the cervical spine, urine drug screen, medications, and physical therapy sessions. The injured worker was evaluated on 08/05/2014 and it was documented the injured worker complained of back pain radiating to the posterolateral thigh and calf at times, worse with prolonged sitting. Neck pain radiating to both shoulders, upper arm/forearm area, more on the right than left. Bilateral knee pain, bilateral shoulder pain, and AC region and trapezius. Objective findings revealed mood and affect are mildly depressed. Gait was normal. Cervical spine examination there was palpation of paracervical muscles showed mild spasm more on the right than left. Active range of motion flexion was 90 degrees of normal, extension was 60 degrees of normal, right lateral flexion was 60% of normal and left lateral flexion was 80% of normal. Lumbar spine revealed palpation of paralumbar muscle showed tenderness and spasm more on the right than left. Active range of motion flexion was 70 degrees, extension was 70 degrees, right and left lateral flexion was 80 degrees. Straight leg raise was positive on the right at 70 degrees and on the left at 80 degrees producing posterior thigh, buttock and upper calf pain in a sitting and supine positions. Medications included Norco, naproxen, Neurontin, omeprazole, and Flexeril. Diagnoses included lumbar strain with bilateral lumbar radiculitis, right greater than left, cervical strain, right greater than left with intermittent radicular symptoms, bilateral knee pain, secondary depression and anxiety due to chronic pain, It was noted the injured worker had red blood streaked stools, probably due to constipation from pain meds. Stomach upset more of intermittent GERD symptoms related pain medication. The Request for Authorization dated 08/14/2014 was for omeprazole 20 mg and naproxen sodium 550 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (Retro-Rx 08/05/2014) quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Proton pump inhibitors, Page(s): page(s) 68-69..

Decision rationale: Prilosec/Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate the injured worker having gastrointestinal events. The documentation submitted on 08/05/2014 indicated the injured worker having red blood streaked stools, probably due to constipation from pain medications. Stomach upset more of intermittent GERD symptoms related to pain medication. However, the request that was submitted failed to include frequency and duration of medication. As such, the request for Omeprazole 20 mg (retro-Rx 08/05/2014) quantity 60 is not medically necessary.

Naproxen Sodium 550mg (Retro-Rx 08/05/2014) quantity 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drug) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs), P.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency. Given the above, the request for naproxen sodium 550 mg (retro-Rx 08/05/2014) quantity 90 is not medically necessary.