

<b>Case Number:</b>	CM14-0156698		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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 an injured worker with a lumbosacral back condition. Agreed medical evaluation report dated April 15, 2014 documented the diagnoses of chronic pain syndrome, chronic low back pain with bilateral lower extremity radicular symptoms, multilevel lumbar spondylosis and stenosis, lumbar myofascial pain syndrome, probable bilateral S1-L5 radiculopathy, reactive depression, and possible hypertension with elevated blood pressure. Mechanism of injury was heavy lifting. Date of injury 3/7/12. The progress report dated 8-25-2014 documented subjective complaints of back pain. Patient had some gastric issues, no vomiting or changes in bowel movements. Physical examination findings included normal reflexes, antalgic gait, alert mental status, strength 5/5, intact sensation, lumbosacral tenderness, back flexion 20-30%, and limited extension. Blood pressure was 156/99. Diagnoses included lower back pain and myofascial pain. Treatment plan included Nalfon (Fenoprofen), Omeprazole, and Zolof. Patient was educated on hypertension and given a flyer. Utilization review determination date was 9/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document use of prescription strength NSAID medications, which is a gastrointestinal risk factor. The progress report dated 08-25-2014 documented subjective complaints of gastric issues. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. Therefore, the request for Omeprazole 20mg Quantity: 60 is medically necessary.

**Fenoprofen 400mg Quantity: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Agreed medical evaluation report dated April 15, 2014 documented the diagnosis of possible hypertension with elevated blood pressure. The progress report dated 8-25-2014 documented a blood pressure of 156/99. Medical records indicate a history of hypertension. No recent laboratory tests were present in the medical records. MTUS and FDA guidelines warns against the use of NSAIDs in patients with hypertension. MTUS guidelines do not support the use of Fenoprofen (Nalfon) which is an NSAID, in this patient with history of hypertension and elevated blood pressure. Therefore, the request for Fenoprofen 400mg Quantity: 60 is not medically necessary.