

Case Number:	CM14-0166291		
Date Assigned:	10/13/2014	Date of Injury:	05/13/2009
Decision Date:	11/17/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain with derivative complaints of psychological stress reportedly associated with an industrial injury of May 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 19, 2014, the claims administrator approved a request for Norflex, denied a request for Anaprox, and denied a request for Prilosec. The applicant's attorney subsequently appealed. In a March 13, 2014, progress note, the applicant reported persistent complaints of low back and neck pain. The applicant did reportedly have issues with NSAID-induced gastritis, which were reportedly alleviated by medications. The applicant stated that his depressive symptoms were ameliorated following introduction of Pristiq. The attending provider stated that ongoing usage of NSAIDs was nevertheless beneficial, despite the issues with dyspepsia. This was not elaborated or expounded upon. Norflex, Prilosec, Naprosyn, Pristiq, and Norco were endorsed. The applicant was placed off work, on total temporary disability, for an additional 90 days. It was stated that the applicant had issues with delayed recovery. Additional physical medicine/physical therapy was sought. On June 26, 2014, the applicant was again given refills of Naprosyn, Norflex, Prilosec, Pristiq, and Norco. It was stated that the applicant was a candidate for a spinal cord stimulator trial. The applicant's work status was not clearly stated on this occasion. The applicant remained depressed. It was again stated that Prilosec was ameliorating issues of NSAID-induced dyspepsia. On July 29, 2014, the applicant was given prescriptions for Norco and Neurontin. Additional physical therapy was

sought. Pristiq was ameliorating the applicant's neuropathic symptoms, it was stated. The applicant was asked to consult a neurosurgeon to consider further neurosurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg, 120 tablets (2 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, it is further noted that ongoing usage of Anaprox (Naprosyn) failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f to date. The applicant remains off work. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on analgesic and adjuvant medication such as Norco and Neurontin. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Anaprox (Naprosyn) usage. Therefore, the request is not medically necessary.

Prilosec 20mg 120 capsules (2 month supply): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has, furthermore, posited that ongoing usage of Prilosec has, in fact, attenuated the applicant's symptoms of reflux. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.