

Case Number:	CM14-0166520		
Date Assigned:	10/13/2014	Date of Injury:	01/12/2010
Decision Date:	12/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 44 year-old male with a history of a work injury occurring on 01/12/10 when he fell from a ladder, landing on his low back. On 04/18/14 he underwent left lumbar transforaminal epidural injections. On 06/18/14 he underwent an ultrasound guided trigger point injection. He was seen by the requesting provider on 07/14/14. He was having pain over the iliolumbar ligaments radiating into the lower extremities with numbness and tingling. Physical examination findings included decreased lumbar spine range of motion with bilateral iliolumbar ligament tenderness. Lower extremity strength, sensation, and reflexes were decreased. MRI results were reviewed. On 08/06/14 he had been seen for a Functional Capacity Evaluation. He was having back pain with numbness in his legs and acute muscle spasms. Physical examination findings included decreased lumbar spine range of motion with multiple paraspinal muscle trigger points and spasms and decreased sensation. Flexeril and Menthoderm were prescribed. Naprosyn 550 mg two times per day and omeprazole 20 mg 1-2 times per day were continued. He was to continue using TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sod 550 mg #100 refill: 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 73.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for low back pain radiating into the legs. Medications include Naprosyn and Omeprazole. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of Naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Omeprazole 20 mg #100 refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for low back pain radiating into the legs. Medications include Naprosyn and Omeprazole. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the continued prescribing of a proton pump inhibitor such as Omeprazole was not medically necessary.