

<b>Case Number:</b>	CM14-0168655		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 neck, low back, elbow, and wrist pain reportedly associated with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; 20 sessions of physical therapy through July 2013; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In a Utilization Review Report dated September 13, 2014, the claims administrator denied a request for Prilosec and Naprosyn. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant reported ongoing issues with chronic low back pain. The applicant was reportedly a candidate for spine surgery. The attending provider posited that the applicant had failed non-operative treatment with physical therapy, activity modification, anti-inflammatory medications, and epidural steroid injection therapy. Laboratory testing was endorsed. The applicant was asked to employ a lumbar support. A 25-pound lifting limitation was also imposed. It did not appear that the applicant was working with said limitation in place. In another note dated May 30, 2014, the attending provider again stated that the applicant had failed epidural steroid injection therapy and other non-operative care. Naprosyn, Protonix, and Flexeril were endorsed. It was stated that the applicant should be considered totally temporarily disabled if his employer is unable to accommodate his limitations. The previous epidural injection had unproven unsuccessful, the attending provider posited. The attending provider suggested that the applicant employ Protonix on an as-needed basis for dyspepsia, but did not state whether or not the applicant was personally experiencing any such symptoms. In an earlier note dated April 20, 2014, the applicant was given a prescription for Prilosec. There was again no mention of the applicant's personally experiencing symptoms of dyspepsia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (no quantity given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management NSAIDs, GI Symptoms, and Cardiovasc.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into its choice of recommendations. In this case, the attending provider seemingly gave the applicant prescriptions for Prilosec and Protonix, two separate proton pump inhibitors, within one month of each other. It was not clearly stated why the applicant needed to use two separate proton pump inhibitors. The attending provider did not explicit state that he was discontinuing either of the proton pump inhibitors in favor of the other. For all of the stated reasons, the request for Prilosec 20mg is not medically necessary.

**Naproxen 500mg (no quantity given): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work. Work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Naprosyn usage. Therefore, the request for Naproxen 500mg is not medically necessary.

