

<b>Case Number:</b>	CM14-0021314		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 patient is a 52-year-old male who has submitted a claim for bilateral sacroiliac joint pain, piriformis muscle pain, right shoulder pain, lumbar sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical strain/sprain, thoracic strain/sprain, associated with an industrial injury date of April 27, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/12/2014, showed bilateral low back pain, left worse than right, radiating to the left buttock and left lateral thigh. Physical examination revealed tenderness of the cervical, lumbar and thoracic paraspinal muscles, and left piriformis muscle. Lumbar and cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Lumbar facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally. Gaenslen's, Yeoman's and Patrick's maneuvers were positive bilaterally. Nerve root tension signs were negative bilaterally. Muscle strength was 5/5 in all limbs. The patient has a past medical history of Gastroesophageal Reflux Disease (GERD). Treatment to date has included physical therapy, bilateral S1 joint injections, bilateral sacroiliac joint radiofrequency nerve ablation, TENS, and medication such as Naproxen since July 2013 and Omeprazole since July 2013, both of which were denied on October 2013. Utilization review from 02/04/2014 denied the request for the purchase of Naproxen 550mg #60 because there was no clear indication of osteoarthritis. The request for Omeprazole 20mg #30 was denied because there was no indication, other than the patient history of GERD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

**Decision rationale:** As stated on page 66 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, patient has been prescribed Naproxen since July 2013. Naproxen provides 35% improvement of his pain and allows him to avoid taking opioid medications. In addition, it helps with his daily activities. Therefore, the request for Naproxen 550mg #60 is medically necessary.

**OMEPRAZOLE 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to page 68 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal (GI) risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drug (NSAID). In this case, patient is on Omeprazole since July 2013. Omeprazole was given to treat the patient's gastric irritation and Gastroesophageal Reflux Disease (GERD). Since long-term Proton-pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture, it should be prescribed only if the patient is symptomatic. The most recent progress reports do not reveal any complaint of gastrointestinal distress nor do they include it as a current diagnosis, to necessitate a proton pump inhibitor. Therefore, the request for purchase of Omeprazole 20mg #30 is not medically necessary.