

Case Number:	CM14-0022025		
Date Assigned:	05/09/2014	Date of Injury:	05/26/2009
Decision Date:	07/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 electromyogram (EMG) dated 9/24/13 reported examination with intact sensation in right leg and tenderness to palpation of the lumbar paraspinals. There was findings of active chronic right S1 radiculopathy. The progress note dated 8/27/13 indicates pain in the back with examination noting weakness of the right dorsiflexion with positive straight leg raise on the right. The note indicated the injured worker was taking ibuprofen and gabapentin. Note of 1/28/14 notes Motrin, Naprosyn and Prilosec prescription. There is no documented physical examination or other report of findings or assessment or treatment plan on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NSAIDS.

Decision rationale: The medical records provided for review reports both Motrin and naproxen being prescribed. An NSAID is supported under Official Disability Guidelines (ODG) for

treatment of pain related to degenerative joint disease (DJD) but combination of two NSAIDS is not supported and raises risk of side effect profile. The addition of naproxen to Motrin is not supported in the medical records and is not congruent with ODG guidelines. Therefore, the request is not medically necessary.

PRILOSEC 20MG QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The medical records provided for review do not indicate the presence of any risk factors for gastrointestinal (GI) complication related to nonsteroidal anti-inflammatory drugs (NSAID) in support of a proton pump inhibitors (PPI) use. Routine use of PPI with NSAID use is not supported under chronic pain guidelines MTUS. Therefore, the request is not medically necessary.