

<b>Case Number:</b>	CM14-0045528		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/29/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, and is licensed to practice in Nevada. 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 injured worker is a 71 year-old male who was reportedly injured on March 29, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 19, 2014 indicates that there are ongoing complaints of low back pain with lower extremity involvement. The physical examination demonstrated a decrease in lumbar spine range of motion, straight leg testing was positive on left and 90 from a sitting position. A slightly decreased ankle jerk is noted. The gait station is reported to be normal. Diagnostic imaging studies are not presented for review. Previous treatment includes lumbar surgery, multiple medications, physical therapy, chronic pain protocols, and a permanent stationary status as of November 26, 2002. A request had been made for Vicodin and Naprosyn and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Vicodin ES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** This is a short acting opioid combined with acetaminophen. This drug is for the short-term management of moderate severe breakthrough pain. When noting the date of injury, the date of surgery, the permanent stationary status tempered by the physical examination reported and that this medication is used on a three times a day basis, this indicates an indefinite use as opposed to an as needed model for constant pain. Therefore, the medical necessity for this has not been established. The request is not medically necessary.

**1 prescription of Naproxen Sodium 550mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

**Decision rationale:** When noting the date of injury, the injury sustained, and that this medication is being used for pain and that there is no objective occasion of an acute inflammatory process, there is no clinical indication presented. Therefore, the medical necessity has not been established in the progress notes presented for review. The request is not medically necessary.

**1 prescription of Omeprazole 20mg: Upheld**

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

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

**Decision rationale:** This is a protein pump inhibitor useful in treatment of gastroesophageal reflux disease. There are no complaints offered of any such a malady. It is noted that the medication Naprosyn has been prescribed however the medical necessity for this preparation has not been established. Therefore the use of a protein pump inhibitor as a protectant against medication utilization is not indicated. Lastly, there are no complaints offered in the progress notes suggest of the need for such a preparation. Therefore, based on the clinical information presented for review this is not medically necessary.