

<b>Case Number:</b>	CM14-0054231		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 44-year-old female was reportedly injured on July 9, 2001. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of low back pain and bilateral knee pains. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles with spasms and decreased sensation in the right lower extremity. Diagnostic imaging studies of the lumbar spine noted neural foraminal narrowing on the left at L3 and on the right at L4. Nerve conduction studies revealed a bilateral L5 and S1 radiculopathy. Previous treatment included epidural steroid injections, oral medications, and home exercise. A request was made for Dilaudid, naproxen and Prilosec and was not certified in the pre-authorization process on April 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

**Decision rationale:** According to the progress note dated May 7, 2014, the prescriber had planned to continue Dilaudid 415 more days and then discontinue. Therefore this medication is no longer be prescribed at this time. Considering this, the request for Dilaudid is not medically necessary.

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 OF 127.

**Decision rationale:** Antiinflammatories such as naproxen are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record, there is no reported decrease in pain and increased functional activity related directly to the use of medication. Therefore, this request for naproxen is not medically necessary.

**Prilosec 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization. Therefore, this request for Prilosec is not medically necessary.