

<b>Case Number:</b>	CM14-0058959		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This case is a 27 year old male with a date of injury on 3/9/2010. A review of the medical records indicated the patient undergoing treatment for low back pain with lumbar disc displacement. Subjective complaints (12/2013) include nausea, but on subsequent visits (1/2/2014, 2/13/2014, 3/10/2014, 4/7/2014) include low back and denies constipation, heartburn, nausea, abdomen pain, black tarry stools, or throwing up blood. It was also noted that the patient suffered a hernia and received a repair (3/2014). The objective findings (4/7/2014) include lumbar extension 20 degrees, lumbar flexion 30 degrees, left lateral bending 15 degrees, right lateral bending 15 degrees, positive straight le raise on left, and spasms/guarding noted on lumbar spine. The treatments include Naproxen, Norco, functional restoration program, Protonix, Glucosamine, lumbar epidural steroid injection (date unknown) and multivitamin. A utilization review date of 4/11/14 partially certified for Naproxen 550mg # 60 (original for #90) to match the prescription of one pill twice daily and denied Pantoprazole 20mg #60 due to lack of documented risk factors or indication per guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Guideline specifies four recommendations regarding NSAID use such as osteoarthritis (including knee and hip), (recommended at the lowest dose for the shortest period in patients with moderate to severe pain), back pain (acute exacerbations of chronic pain: recommended as a second-line treatment after acetaminophen). In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP and chronic low back pain (recommended as an option for short-term symptomatic relief). A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Guidelines also indicated med is used for neuropathic pain (there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain). The medical documents do not indicate that the patient is being treated for osteoarthritis or neuropathic pain. Additionally, the treating physician does not document failure of primary Tylenol treatment. Progress notes do not indicate how long the patient has been on Naproxen, but the MTUS Guidelines recommend against long-term use. Finally, the prescribing physician writes for Naproxen 550mg, take one twice daily. While the use of Naproxen is acceptable in this case, the two doses daily equal 60 pills over the course of one month. The original utilization reviewer approved for 60 pills, which is appropriate. As such, the request for Naproxen 550mg #90 is not medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs-GI symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** This case is a 27 year old male with a date of injury on 3/9/2010. A review of the medical records indicated the patient undergoing treatment for low back pain with lumbar disc displacement. Subjective complaints (12/2013) include nausea, but on subsequent visits (1/2/2014, 2/13/2014, 3/10/2014, 4/7/2014) include low back and denies constipation, heartburn, nausea, abdomen pain, black tarry stools, or throwing up blood. It was also noted that the patient suffered a hernia and received a repair (3/2014). The objective findings (4/7/2014) include lumbar extension 20 degrees, lumbar flexion 30 degrees, left lateral bending 15 degrees, right lateral bending 15 degrees, positive straight le raise on left, and spasms/guarding noted on lumbar spine. The treatments include Naproxen, Norco, functional restoration program, Protonix,

Glucosamine, lumbar epidural steroid injection (date unknown) and multivitamin. A utilization review date of 4/11/14 partially certified for Naproxen 550mg # 60 (original for #90) to match the prescription of one pill twice daily and denied Pantoprazole 20mg #60 due to lack of documented risk factors or indication per guidelines.