

<b>Case Number:</b>	CM14-0075477		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 49 year old female who reported an injury on 02/12/2008. The mechanism of injury reportedly occurred when a machine moved and struck her and caused her to fall. The diagnoses included status post umbilical hernia surgery, cervical radiculopathy, status post cervical spinal fusion, thoracic facet arthropathy, lumbar radiculitis, and gastritis. Her diagnostic tests included an MRI on 07/16/2009 of the thoracic spine that revealed T3-4 and T4-5, T5-6 disc bulge, and an MRI of the cervical spine on 12/18/2009 that revealed C5-6 and C6-7 mild degenerative changes of intervertebral discs and C5-6 and C6-7 posterior disc bulge. The injured worker is status post right shoulder surgery in 2008, second right shoulder surgery in 2009, umbilical hernia in 2009 and bilateral T5-7 thoracic facet medial branch nerve radiofrequency rhizotomy on 07/14/2011. On 04/16/2014 the injured worker complained of heartburn, reflux, nausea and back pain. She stated Dexilant helped her upper gastrointestinal symptoms. The physical exam findings included tenderness to palpation of the abdomen, and a positive H. pylori breath test. Medications included Ranitidine, Dexilant, Naproxen, over the counter Flanax, Advil, Tylenol, Gabapentin and Hydrocodone. The treatment plan and the rationale for the request noted it was recommended the injured worker discontinue current Naproxen and all other oral NSAIDS and to follow a strict acid reducing and gastroesophageal reflux disease diet. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole 20 mg, #30, dispensed on 04/30/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com) and PDR (Physician Desk Reference) ref. 2014

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

**Decision rationale:** The request for Omeprazole 20 mg with a quantity of 30 is not medically necessary. The California MTUS guidelines recommend Omeprazole for those at risk for gastrointestinal events and dyspepsia secondary to NSAID therapy. The guidelines state gastrointestinal risk factors can be determined based on age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and high dose/multiple NSAIDs. The injured worker complained of heartburn, reflux, nausea and stated Dexilant helped her upper gastrointestinal symptoms. However, the treatment plan recommended the injured worker discontinue current naproxen and all other oral NSAIDs and to follow a strict acid reducing and gastroesophageal reflux disease diet. The guidelines support the use of proton pump inhibitors for injured workers taking NSAIDs. The rationale for the request for continuing Omeprazole was not provided. Due to the discontinuation of the injured worker's NSAIDs, the request is not supported. As such, the request for Omeprazole 20 mg with a quantity of 30 is not medically necessary.

**Retrospective request for Naprosyn 500 mg, #30, dispensed on 04/30/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** The request for Naprosyn 500mg #30 is not medically necessary. The California MTUS guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The injured worker complained of heartburn, reflux, nausea and stated Dexilant helped her upper gastrointestinal symptoms. However, the treatment plan recommended the injured worker discontinue current naproxen and all other oral NSAIDs and to follow a strict acid reducing and gastroesophageal reflux disease diet. Furthermore, guidelines state Naprosyn is for short-term symptomatic relief and the documentation provided shows Naprosyn has been used for over a year. Given the recommendation to discontinue NSAIDs, the request is not supported. As such, the request for Naprosyn 500mg #30 is not medically necessary.