

<b>Case Number:</b>	CM14-0082092		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, has a subspecialty in Pain Management 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 is a male patient with a date of injury of September 9, 2013. A utilization review determination dated May 22, 2014 recommends non-certification of naproxen sodium 550 mg #100 and omeprazole 20 mg #100. A progress note dated May 14, 2014 identifies subjective complaints of continued pain in the back and some pain in the buttock. Physical examination identifies a left knee scar, negative left McMurray's, decreased less knee extension and flexion strength, decreased range of motion of the back by 10% in all planes, decreased sensation of left foot, positive trigger points of left lumbar paraspinal muscles, and decreased bilateral ankle reflexes. Diagnoses include myofascial pain syndrome, chronic lumbar spine strain, and left knee pain. The treatment plan recommends trigger point injections, the patient is to schedule with chiropractor, prescription refill for naproxen sodium 550 mg, and prescription refill for omeprazole 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550 MG, # 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen Sodium 550mg #100, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen Sodium 550mg #100 is not medically necessary.

**OMEPRAZOLE 20 MG, # 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole 20mg #100, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.