

Case Number:	CM14-0085483		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2013
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 is licensed to practice in Texas. 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 61-year-old female who reported injury on 08/19/2013. The diagnosis was lumbosacral neuritis, not otherwise specified (NOS). The mechanism of injury was the injured worker was lifting a resident. The prior treatments included lumbar epidural steroid injection and physical therapy. The injured worker had an electromyography/nerve conduction velocity (EMG/NCV). The documentation of 04/11/2014 was handwritten and difficult to read. However, the treatment plan indicated the injured worker was to be prescribed Diclofenac Sodium ER, Gabapentin, and Omeprazole. Naprosyn had been marked through. The subsequent documentation dated 05/06/2014 revealed the injured worker had a history of gastroesophageal reflux disease (GERD) while taking NSAIDs and her anti-inflammatory medications were noted to, in the past, have given her good pain control and inflammation; however, she was having some problems with gastritis type symptoms. The injured worker indicated she had pain in the lumbar spine and numbness and tingling sensations effecting the lower extremity as well as reflux. The documentation indicated the injured worker was utilizing NSAIDs to help the inflammation in her cervical and lumbar spine. The documentation indicated the injured worker was utilizing gabapentin for neuropathic pain. The treatment plan included a continuation of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #200: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the duration of use for the requested medication. There was a lack of documentation of objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication and a necessity for 220 tablets if this was the initial prescription. Additionally, the requested medication was marked out on the documentation that was provided. Given the above, the request for Naproxen 550 mg #200 is not medically necessary.

Omeprazole 20mg QTY 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had signs and symptoms of gastroesophageal reflux disease (GERD) while taking NSAIDs. However, as the request for Naproxen was found to be not medically necessary, this request would not be supported. The efficacy of the medication was not provided. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 100 tablets. Given the above, the request for Omeprazole 20 mg #100 is not medically necessary.