

<b>Case Number:</b>	CM14-0175388		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 49-year-old male patient who sustained an industrial injury on 11/20/06. Diagnoses include sacroiliitis; low back pain syndrome; lumbar/ thoracic radiculopathy; lumbar spondylosis without myelopathy/ facet arthropathy; lumbar disc degeneration; lumbar disc herniation without myelopathy; lumbar stenosis; cervical spondylosis/ cervical facet arthropathy. Per the most recent progress note available dated 10/9/2014, he had complains of increased low backache. Medications include Vimovo, Ultram, Flexeril. Medications are not effective per injured worker. He has had diagnostics studies including pelvic computed tomography showing bilateral sacroiliac joint osteoarthritis. There is no current progress note available for review regarding the requested treatments. On 10/16/14 Utilization Review non-certified the request for naproxen 500 mg, # 90 with 3 refills; omeprazole 20 mg, # 90, with 3 refills citing MTUS: Chronic Pain Medical treatment Guidelines: non-steroidal anti-inflammatory drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain". MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume". Per the records provided he had complaints of low back pain. Significant objective findings that would require daily NSAID use is not specified in the records provided. A recent detailed clinical evaluation note documenting a plan to prescribe naproxen is not specified in the records provided. The request is for a 4 to 5 month supply of naproxen at one time. The effect of long term daily use of NSAIDs in this patient, in terms of side effects, is not specified in the records provided. The medical necessity of Naproxen 500mg, #90 with 3 refills is not fully established for this patient.

**Omeprazole 20mg, #90 with 3 refills:** Upheld

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

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

**Decision rationale:** Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events". Patients at high risk for gastrointestinal events". Treatment of dyspepsia secondary to NSAID therapy". Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". A recent detailed clinical evaluation note documenting a plan to prescribe naproxen is not specified in the records provided. There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20mg, #90 with 3 refills is not established for this patient.