

<b>Case Number:</b>	CM14-0191172		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/26/2005
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgery 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:

63 year old female claimant with an industrial injury dated 09/26/05. The patient is status post a microscopic laminectomy/discectomy at L4-5. Exam note 10/10/14 states the patient continues to have low back pain in which is radiating to the lower extremities with the right worse than the left. The patient also experiences neck and wrist pain. Conservative treatments have included medication, injections, and therapy. The patient rates the pain a 9-10/10 without Ultracet and 6 out of 10 with the drug. Upon physical exam the patient experienced pain to palpation from L3 down to S1, along with the mid spine and left/right paraspinal musculature with the right worse than the left. Range of motion is noted as a flexion of 70', extension of 20', bilateral rotation of 40', and bilateral tilt of 30'. The patient had a motor strength of 4/5. The patient completed a positive straight leg raise at 40' on the right and a negative straight leg raise on the left. The patient's reflexes to her knees were noted at 3/2 with Achilles being 2/2. Diagnosis is noted as a herniated nucleus pulposus of the lumbosacral spine at L4-5 with bilateral radiculopathy, and degenerative disc disease of the cervical spine ruling out the bilateral C5-6 and C6-7 radiculopathy. Treatment includes a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 10/10/14. Therefore determination is non-certification.

**Prilosec 40mg, #30:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 10/10/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec.