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| Case Number: | CM14-0196322 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 03/26/2011 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Emergency Medicine 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:

The injured worker is a 49 year-old male, who sustained an injury on March 26, 2011. The mechanism of injury occurred from riding in a fire engine over a speed bump. Diagnostics have included: August 4, 2014 drug screen reported as positive for opiates. Treatments have included: medications. The current diagnoses are: right sacroiliitis, right greater trochanteric bursitis, left sided L5-S1 herniated disc. The stated purpose of the request for Naproxen 550mg #60 was not noted. The request for Naproxen 550mg #60 was denied on November 4, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Omeprazole 20mg #60 was not noted. The request for Omeprazole 20mg #60 was denied on November 4, 2014, citing a lack of documentation of GI distress symptoms. Per the report dated August 4, 2014, the treating physician noted complaints of back and right hip pain. Exam findings included lumbar tenderness, restricted lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has back and right hip pain. The treating physician has documented lumbar tenderness, restricted lumbar range of motion. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use. The criteria noted above not having been met, Naproxen 550mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has back and right hip pain. The treating physician has documented lumbar tenderness, restricted lumbar range of motion. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.