

Case Number:	CM14-0209885		
Date Assigned:	12/22/2014	Date of Injury:	02/13/1999
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old patient with date of injury of 02/13/1999. Medical records indicate the patient is undergoing treatment for chronic low back, shoulder, knee, hip wrist and ankle pain. Subjective complaints include constant low back and hip pain, numbness in both the right and left lower extremities, radiation to the posterior lateral thighs bilaterally; mood is described as angry, unhappy, frightened, isolated, nauseated and depressed. Objective findings include patient walks with a stooped antalgic gait with no gross abnormalities of posture; tenderness or spasm of the quadratus lumborum musculature bilaterally; decreased range of motion lumbar spine; lumbar spine is tender; muscular strength bulk and tone is roughly normal and symmetric, proximally and distally in the lower extremities; sensory exam is normal and symmetric; reflexes are decreased proximally and distally in the left lower extremity from ++ to +; reflexes are ++ proximally and distally in the right lower extremity. Treatment has consisted of lumbar fusion, failed spinal cord stimulator and pain pump trials, physical therapy, Zyprexa, Remeron, Doxepin, Buspar, Compazine, Zofran, Zantac, Vioxx, Neurontin, Clonazepam, Zolpidem, Dilaudid, Oxycontin, Hydromorphone. The utilization review determination was rendered on 11/26/2014 recommending non-certification of (Retro) DOS 11/14/14 Naprosyn 375mg # 60 and (Retro) DOS 11/14/14 Omeprazole 20mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naprosyn 375 mg # 60 DOS 11/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use:1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. As such, the request is not medically necessary.

Retrospective request for Omeprazole 20 mg # 30 DOS 11/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) Age greater than 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 "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four

times daily) or(2) A Cox-2 selective agent. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for is not medically necessary.