

<b>Case Number:</b>	CM14-0211837		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Physical Medicine Rehabilitation 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:

This 38 year-old patient sustained an injury on 8/25/10 from a fall while employed by [REDACTED]. Request(s) under consideration include 60 Tablets of Naproxen 550mg, 90 Capsules of Omeprazole 20mg, and 100 Tablets of Laxacin 50-8.6mg. Diagnoses include Lumbar sprain/strain/ facet joint disease s/p L5-S1 laminectomy/discectomy on 5/12/11; depression and insomnia. Conservative care has included medications, therapy modalities, TENS therapy, epidural steroid injections, medial branch blocks, and modified activities/rest. Medications list Tramadol, Naproxen, Omeprazole, and Laxacin. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/13/14 from the provider noted continued low back symptoms with unchanged exam findings of myofascial tenderness, muscle spasm, limited range in all planes with diminished DTRs and motor strength. The patient was awaiting authorization for L4-5 and L5-S1 RFA. Treatment included continued medications. The request(s) for 60 Tablets of Naproxen 550mg, 90 Capsules of Omeprazole 20mg, and 100 Tablets of Laxacin 50-8.6mg were non-certified on 11/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Naproxen 550mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The 60 Tablets of Naproxen 550mg is not medically necessary.

**90 Capsules of Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The 90 Capsules of Omeprazole 20mg is not medically necessary.

**100 Tablets of Laxacin 50-8.6mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids Page(s): 77 & 88.

**Decision rationale:** Laxacin which contains Docusate Sodium/ Sennoside is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted

documents have not adequately addressed or demonstrated the indication of necessity for this medication. The 100 Tablets of Laxacin 50-8.6mg is not medically necessary.