

Case Number:	CM15-0004078		
Date Assigned:	01/15/2015	Date of Injury:	06/23/2013
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old male who reported injury on 06/23/2013. The mechanism of injury was the injured worker was carrying a heavy load of dishes when his foot slipped, which led to a fall. The injured worker underwent an epidural steroid injection. The prior therapies included physical therapy, acupuncture, chiropractic adjustments, steroid injections, and a TENS unit trial. The injured worker underwent an MRI of the lumbar spine on 11/12/2014. The surgical history was stated to be none. Medications included Naproxen and omeprazole as of 09/24/2014. The injured worker underwent nerve conduction velocity testing. The injured worker underwent a CT of the thoracic spine. Documentation of 11/12/2014 revealed the injured worker had worsening pain in his low back and reported left foot pain, numbness, and radiation up to the knee. The injured worker indicated he was utilizing Naproxen and omeprazole, however, was not having significant pain relief, especially at night. The physical examination revealed severe tenderness to palpation over the lower lumbar area. The range of motion was limited due to pain. The straight leg raise was negative bilaterally. Motor strength was 5/5 and deep tendon reflexes were +2. Sensation was decreased in the left foot and ankle in a nondermatomal distribution. The diagnosis included low back pain, lumbar spondylosis, and degenerative disc disease. The treatment plan included a continuation of Naprosyn and omeprazole, and the addition of tramadol ER at night to address pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors or no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 09/2014 without efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.

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 NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic treatment of back pain. There should be documentation of objective functional benefit and an objective decrease in pain. The duration of use was since at least 09/2014. The clinical documentation submitted for review indicated the medication was not beneficial, per the injured worker. The documentation further indicated the injured worker would be utilizing tramadol along with Naproxen. However, as efficacy of Naprosyn was not proven, the request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg #60 is not medically necessary.