

Case Number:	CM15-0004930		
Date Assigned:	01/16/2015	Date of Injury:	08/11/2003
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 69 year old female patient who sustained a work related injury on August 11, 2003. The diagnoses include s/p cervical fusion, cervical and lumbar discogenic disease, chronic low back pain, s/p lumbar spine fusion. According to a primary treating physician's report, dated November 5, 2014, she had chronic cervical neck and low back pain and increased right buttock pain. Physical examination revealed weight 222 pounds; cervical spine- well healed anterior incision and restricted range of motion, stable neck and tight at times; Lumbar spine- straight leg raise positive bilaterally; positive Lasegue sign, moderate lumbar paraspinal muscle spasm, diffuse tenderness to palpation across the lower back and trigger point right buttocks. The medications list includes norco, omeprazole, celebrex and zanaflex. Past history included s/p cervical and lumbar fusions. She has had lumbar MRI on 1/21/2013 and cervical MRI on 1/22/2013. Treatment plan included cervical collar, pain medications, continue physical therapy, home exercise program, lumbar injection x 1 to right L5-S1 level. Work status is documented as permanent and stationary. According to utilization review dated December 16, 2014, the retrospective request for Naproxen Sodium 550mg #120 is non-certified. The retrospective request for Omeprazole 20mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen Sodium 550mg #120: Overturned

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 22; NSAIDs page 67.

Decision rationale: Request: Retro Naproxen Sodium 550mg #120 Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for 'Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain.' MTUS also states that 'Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume.' Per the submitted medical records, patient had chronic neck and back pain with restricted range of motion, lumbar spasm and tenderness and positive straight leg raising test. NSAIDs are considered first line treatment for pain and inflammation. The request for retro Naproxen Sodium 550mg #120 was medically appropriate and necessary for this patient for managing his chronic pain.

Retro Omeprazole 20mg #120: Overturned

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 68-69.

Decision rationale: Request: Retro Omeprazole 20mg #120 Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, 'Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy.' Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- '(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).' The pt is over 65 years of age. Therefore he is considered to be at higher risk for gastrointestinal events with the use of NSAIDs like naproxen. Therefore the use of omeprazole in this pt is deemed medically appropriate and necessary. The request for retro Omeprazole 20mg #120 is deemed medically necessary for this patient.