

<b>Case Number:</b>	CM15-0009986		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 46 year old right hand dominant female, who sustained a work/ industrial injury while pulling a roll of plastic on 11/17/10. She has reported symptoms of low back pain with intermittent numbness in the right leg. The diagnoses have included lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease, lumbar sprain/strain. Treatment to date has included conservative measures (heat, ice), medication, physical therapy, home exercise program, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Chiropractic was also requested. Medications ordered per 12/19/14 included Naproxen and Omeprazole. On 12/30/14 Utilization Review non-certified Naproxen 550 mg #60; Omeprazole 20 mg #60, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 provided on date of service: 12/19/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127.

**Decision rationale:** Yes, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider's reporting as of December 19, 2014 did suggest that the applicant was deriving appropriate analgesia as a result of ongoing naproxen usage as of that point in time. The attending provider also suggested that the applicant was working as of that date. Continuing the same, on balance, was indicated as of the date of the request, December 19, 2014. Therefore, the request was medically necessary.

**Omeprazole 20mg #60, provided on date of service: 12/1914:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127.

**Decision rationale:** 2. Conversely, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on December 19, 2014 that omeprazole was being prescribed for gastroprotective effect. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors such as omeprazole. Specifically, the applicant was not 65 years of age or greater and using NSAIDs (age 46 as of the date of the request), the applicant did not have a history of previous peptic ulcer disease or gastrointestinal bleeding, the applicant was not using multiple NSAIDs, and the applicant was not using NSAIDs in conjunction with corticosteroids. Therefore, the request was not medically necessary.