

Case Number:	CM15-0104075		
Date Assigned:	06/08/2015	Date of Injury:	05/20/2011
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/30/2015

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 applicant is a represented 28-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of May 20, 2011. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve requests for Naprosyn and Prilosec. The claims administrator referenced a RFA form of May 1, 2015 and associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 30, 2015, LidoPro cream, omeprazole, and Naprosyn were endorsed. It was suggested that omeprazole was being employed for gastric protective effect as opposed to for actual symptoms of reflux. In an associated progress note dated April 30, 2015, the applicant reported ongoing complaints of low back pain, 4/10. Naprosyn, Prilosec, and LidoPro were renewed and/or continued. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider did state toward the top of the report that the applicant's pain scores were reduced by 60% to 70% as a result of ongoing medication consumption. A rather permissive 30-pound lifting limitation was issued at the bottom of the report. On March 17, 2015, the attending provider again stated that medication consumption would generate 60% to 70% pain relief. A 30-pound lifting limitation was again renewed. Naprosyn, Prilosec, and LidoPro were continued. Once again, it was not explicitly stated whether the applicant was or was not working with limitations in place. In an April 28, 2015 medical-legal report, a medical-legal evaluator stated that he had proposed a functional capacity

evaluation to facilitate the applicant's return to work, suggesting that the applicant was not, in fact, working at this point.

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 Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: No, the request for omeprazole, a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated that omeprazole was being employed for gastric protective effect here as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton-pump inhibitor namely, the applicant was less than 65 years of age (age 28), was only using one NSAID, Naprosyn, was not using NSAID in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.

Naproxen 550mg #60: 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): 22.

Decision rationale: Conversely, the request for Naprosyn, 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 Naprosyn 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 consistently reported that ongoing usage of Naprosyn had effectively attenuated the applicant's pain complaints by 60% to 70% and had facilitated the applicant's performance of a home exercise program, it was further reported. Continuing the same, on balance, was indicated, given the seeming demonstration of efficacy with ongoing usage of Naprosyn. Therefore, the request is medically necessary.