

Case Number:	CM15-0133478		
Date Assigned:	07/21/2015	Date of Injury:	08/15/2007
Decision Date:	09/09/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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, North Carolina
 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:

The injured worker is a 70 year old female who sustained an industrial injury on 08-15-07. She reported a foot and back injury status post fall. Initial diagnoses are not available. Current diagnoses include generalized pain. Diagnostic tests and treatment to date has included physical therapy, injections, TENS, acupuncture, and medication management. In an available progress note dated 11-12-14, the injured worker complains of lumbar spine pain that radiates through the left leg with numbness to both feet. She is ambulatory with a cane. The treating physician reports the injured worker's past treatments did not help; she wears a lumbar brace. Physical exam reports she has a lot of positive findings for the left sacroiliac joint as a source for her pain. Requested treatments include Omeprazole 20 mg #30 with 1 refill, and Naproxen 375 mg #180 with 1 refill. The injured worker's status is reported as retired. Date of Utilization Review: 06-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-73.

Decision rationale: CA MTUS Guidelines recommend proton pump inhibitors such as omeprazole for patients taking NSAIDs with documented GI distress symptoms (i.e. dyspepsia) and or GI risk factors for adverse events (i.e. hemorrhage, ulcers). In this patient, there is no documentation of GI distress. The only risk factor the patient has is age over 65 years, however since the request for Naproxen has been denied, a GI protective agent such as omeprazole is no longer necessary. Therefore, the request is not medically necessary.

Naproxen 375 mg Qty 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: NSAIDs are recommended by CA MTUS for the lowest possible dose for the shortest time period in patients with moderate to severe pain. In this case, there is no current medical documentation (subjective or objective) to establish the necessity of this medication. There is also no documentation of functional improvement from prior use. There are significant GI and cardiovascular risks associated with long-term use of NSAIDs. Therefore, for the above reasons, this request is deemed not medically necessary or appropriate.