

<b>Case Number:</b>	CM15-0142184		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/07/2009
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Hawaii  
 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 59 year old female who sustained an industrial injury on 03-07-2009 resulting in injury to multiple body parts. The mechanism of injury was not provided. Treatment provided to date has included: right knee surgery; right hand surgery; physical therapy; medications; and conservative therapies and care. Diagnostic tests performed include: MRI of the thoracic spine (2015) which was normal; and MRI of the cervical spine (2015) showing mild degenerative changes, multilevel foraminal narrowing, mild facet arthrosis, moderately severe foraminal stenosis and possible thyroid goiter. Comorbidities included headaches, high blood pressure and high cholesterol. There were no other dates of injury noted. On 06-29-2015, physician progress report noted complaints of bilateral shoulder pain, low back pain, neck pain, and right knee pain. The pain was not rated and no description was provided. Additional complaints included chills, night sweats, fatigue, abdominal pain, frequent severe headaches, depression, sleep disturbances, restless sleep and anxiety. Current medications include Lisinopril, naproxen, omeprazole and Tylenol. The physical exam revealed deconditioning, weight bearing limitations in the right leg due to pain around the right knee, restricted range of motion (ROM) in the right shoulder, limited ROM in the right knee with crepitus, limited ROM in the low back, tenderness to touch of the right hand, diffuse weakness in the bilateral upper and lower extremities, and decreased sensation in the right upper extremity and right hand. The provider noted diagnoses of history of strain injuries to multiple body parts (including neck, shoulders, low back, right knee and right hand), right knee meniscus tear (status post arthroscopic surgery), status post trigger finger surgery to the right hand, chronic pain syndrome, and mood disorder

with symptoms of depression and anxiety. Plan of care includes continued medications, educational-based physical therapy program. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: naproxen 500mg #60 with one refill, and omeprazole 20mg #60 with one refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen 500mg #60 with 1 refill: 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 NSAIDS Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the head, neck, low back, right shoulder, and right arm. The current request is for Naproxen 500mg #60 with 1 refill. The treating physician report dated 7/8/15 (6B) states, "We will continue the patient's current medication regimen. The patient meets ACOEM criteria by chapter 6. Current regimen of medication optimizes function and activities of daily living". A report dated 5/21/15 (31C) states, "It would be reasonable to use anti-inflammatory medications as needed and other adjunctive medications as needed in the interim". MTUS page 68 regarding NSAID's states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Naproxen since at least 5/21/15 (31C). In this case, the patient presents with chronic low back pain and the treating physician has provided documentation of the medications efficacy as required by the MTUS guidelines page 60. The current request is medically necessary.

#### **Omeprazole 20mg #60 with 1 refill: 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 Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the head, neck, low back, right shoulder, and right arm. The current request is for Omeprazole 20mg #60 with 1 refill. The treating physician report dated 7/8/15 (6B) states, "We will continue the patient's current medication regimen. The patient meets ACOEM criteria by chapter 6. Current regimen of medication optimizes function and activities of daily living". A report dated 5/21/15 (31C)

states, "It would be reasonable to use anti-inflammatory medications as needed and other adjunctive medications as needed in the interim". The MTUS guidelines state Omeprazole is recommended with precautions, "(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)". Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. There is documentation of current NSAID use in the form of Naproxen (31C). In this case, while there was documentation provided of current NSAID use, there was no indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. There is mention of abdominal pain but the notes do not relate this to NSAID use. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.