

<b>Case Number:</b>	CM15-0147009		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Florida, 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 65 year old male, who sustained an industrial injury on 7-9-2014. The mechanism of injury was lifting. The injured worker was diagnosed as having small to moderate disc herniations at lumbar 2-3, 4-5 and lumbar 5 to sacral 1 and spondylolisthesis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care and medication management. In a progress note dated 2-5-2015, the injured worker complains of low back pain (rated 7 out of 10) with radiation to the bilateral lower extremities (rated 8 out of 10). Physical examination showed decreased lumbar range of motion. The treating physician is requesting Prilosec 20 mg #60 with 2 refills, Naproxen sodium 550 mg with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This claimant was injured in 2014 with small to moderate disc herniations at lumbar 2-3, 4-5 and lumbar 5 to sacral 1 and also spondylolisthesis. Treatment to date has included physical therapy, chiropractic care and medication management. As of 2-5-2015, the injured worker complained of low back pain still. There is no mention of gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

**Naproxen sodium 550mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127.

**Decision rationale:** This claimant was injured in 2014 with small to moderate disc herniations at lumbar 2-3, 4-5 and lumbar 5 to sacral 1 and also spondylolisthesis. Treatment to date has included physical therapy, chiropractic care and medication management. As of 2-5-2015, the injured worker complained of low back pain still. There is no mention of gastrointestinal issues. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.