

<b>Case Number:</b>	CM15-0168397		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

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 48 year old male with an industrial injury dated 03-02-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar disc bulge, lumbar facet pain, sacroiliac (SI) joint pain, myofascial pain, chronic pain syndrome and lumbar radiculitis of bilateral L5 and S1. Treatment consisted of Lumbar Magnetic Resonance Imaging (MRI) on 6-12-2013, electromyography (EMG)-nerve conduction velocity (NCV) of bilateral lower extremities on 06-06-2014, prescribed medications, transforaminal bilateral S1 lumbar epidural steroid injection (ESI) on 2-17-2015, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and periodic follow up visits. Medical records (7-16-2015) indicate ongoing low back pain with right lower extremity pain. The injured worker rated pain a 7 out of 10 with medications and an 8 out of 10 without medications. Per the treating physician (7-16-2015 report), the injured worker is working full duty. Objective findings (12-29-2014 to 7-16-2015) revealed tenderness in the right sacroiliac (SI) joints, tenderness over the right paraspinals, increased pain with flexion and extension and positive straight leg raises. Abdominal exam was not included for review. The treating physician prescribed Naproxen for inflammatory pain and omeprazole for gastroesophageal reflux disease associated with NSAIDs. Records indicated that the injured worker has been taking naproxen and omeprazole since at least 12-29-2014. Utilization Review determination on 07-22-2015 noncertified the request for Anaprox 550 mg Quantity: 60 (retrospective dispensed 07-16-15) and Prilosec 20 mg Quantity: 60 (retrospective dispensed 07-16-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg Qty 60 (retrospective dispensed 07/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient presents with pain in the low back and bilateral lower extremities. The request is for Anaprox 550 mg Qty 60 (retrospective dispensed 07/16/15). Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the paraspinals on the right. Range of motion was decreased with pain. Straight leg raising test was positive on the right. Per 08/18/15 progress report, patient's diagnosis include low back pain, lumbar disc bulge, lumbar facet pain, sacroiliac joint pain, myofascial pain, chronic pain syndrome, lumbar radiculitis - bilateral L5 and S1. Patient's medications, per Request For Authorization form dated 07/17/15 include Anaprox, Prilosec and Ultram. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009 Anti-inflammatory medications, pg 22 states: 'Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP.' MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Treater does not discuss this request. Patient has received prescriptions for Anaprox from 01/15/15 through 07/30/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for refill of Anaprox IS NOT medically necessary.

**Prilosec 20 mg Qty 60 (retrospective dispensed 07/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with pain in the low back and bilateral lower extremities. The request is for Prilosec 20 mg Qty 60 (retrospective dispensed 07/16/15). Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the

paraspinals on the right. Range of motion was decreased with pain. Straight leg raising test was positive on the right. Per 08/18/15 progress report, patient's diagnosis include low back pain, lumbar disc bulge, lumbar facet pain, sacroiliac joint pain, myofascial pain, chronic pain syndrome, lumbar radiculitis - bilateral L5 and S1. Patient's medications, per Request For Authorization form dated 07/17/15 include Anaprox, Prilosec and Ultram. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In progress report dated 07/16/15, the treater states that the patient is taking Omeprazole for GI upset caused by Naproxen (Anaprox). Review of the medical records provided indicate that the patient has received prescriptions for Omeprazole (Prilosec) from 01/26/15 through 07/16/15. In this case, the request for Naproxen (Anaprox) is not in accordance with guidelines. Thereby, the associated request for Prilosec IS NOT medically necessary.