

Case Number:	CM15-0192514		
Date Assigned:	10/06/2015	Date of Injury:	06/19/2002
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66 year old female with a date of injury on 06-19-2002. The injured worker is undergoing treatment for neck pain-status post cervical fusion, chronic pain syndrome, cervical radiculitis, cervical discogenic pain, myofascial pain due to nerve disc disease, thoracic pain and low back pain. Physician progress notes dated from 05-05-2015 to 08-28-2015 documents the injured worker complains of neck, mid and low back pain. Her medications continue to be helpful and well tolerated. They increase her function, and reduce her pain by 40 to 50%. She is able to walk 20 minutes longer and work in her garden and sleep better. She is also taking Cymbalta by her rheumatologist. This also helps her back pain as well. She is requesting trigger point injections with her visits. Trigger point injections reduce her pain by 35 to 50% and last for 1-2 weeks. She rates her pain as 4-5 without medications on the Visual Analog Scale and 0-3 out of 10 with medications. Pain is unchanged since her last visit. She has a positive Spurling's sign. There is trigger point tenderness over the bilateral C5-6 cervical paraspinals and bilateral trapezius. Cervical spine range of motion is reduced in all planes and there is pain with range of motion. She received trigger point injections with visits. Treatment to date has included diagnostic studies, medications, acupuncture, a home exercise program and the use of heat and ice. Medications include Omeprazole, Naproxen, and Cymbalta, Voltaren gel, Plaquenil, Maxzide, Zanaflex, Temovate ointment, Desonide gel and Flonase. The Request for Authorization dated 08-31-2015 includes an ice pack and Naproxen (Anaprox DS tablet) 550mg #60, and Omeprazole Magnesium (Prilosec capsule, DR) 20mg #60. On 09-18-2015

Utilization Review non-certified the request for Naproxen (Anaprox DS tablet) 550mg #60, and Omeprazole Magnesium (Prilosec capsule, DR) 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (Anaprox DS tablet) 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: 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. The medical documents do indicate that the patient gets pain relief and functional improvement from taking Naproxen. As such, the request for Naproxen (Anaprox DS tablet) 550mg #60 is medically necessary.

Omeprazole Magnesium (Prilosec capsule, DR) 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided do establish that the patient has documented NSAID dyspepsia from chronic NSAID therapy that provides her pain relief. As such, the request for Omeprazole Magnesium (Prilosec capsule, DR) 20mg #60 is medically necessary.