

Case Number:	CM15-0197576		
Date Assigned:	10/13/2015	Date of Injury:	06/24/2008
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old male who sustained an industrial injury on 6-24-08. In a progress report dated 4-15-15, the physician notes lumbar spine pain is rated at 8 out of 10 and increases with cold, decreases with warmth and medications. Injections x5 without relief and that physical therapy and acupuncture were not helpful is noted. Work status is temporary total disability through 6 weeks. Medications prescribed are Norco, Naproxen 550mg one twice a day, Zanaflex 4mg, and Prilosec 20mg once per day. In a progress report dated 2-9-15, the physician notes pain is rated at 7 out of 10 with medications and 8 out of 10 without medications. He is status post transforaminal epidural steroid injection bilateral L3-5 and medial branch nerve block at lumbar bilateral L4-S1 on 7-23-15 with a report of no (less than 5%) overall improvement. The lumbar exam reveals tenderness to palpation of paravertebrals L4-S1, moderately limited range of motion secondary to pain, decreased sensitivity to touch along L3-5 dermatome in bilateral lower extremities, decreased strength of extensor muscles along L4-L5 dermatomes in bilateral lower extremities and a positive seated straight leg raise at 60 degrees. A retrospective (date of service 4-15-15) request for authorization dated 8-17-15 notes diagnoses of: intervertebral disc disorder with myelopathy thoracic region, degeneration of lumbar or lumbosacral intervertebral disc, unspecified acute reaction to stress, and anxiety state unspecified. The requested treatment is Anaprox DS and Prilosec. The requested treatment of Naproxen 550mg # 60 (date of service 4-15-15) and Prilosec 20mg #30 (date of service 4-15-15) was non-certified on 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox/Naproxen 500 MG #60 DOS 4/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of naproxen is not substantiated in the records.

Prilosec 20 MG #30 DOS 4/15/15: Upheld

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

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

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.