

<b>Case Number:</b>	CM15-0204459		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57-year-old male, who sustained an industrial injury on 6-10-2013. The injured worker was diagnosed as having right rotator cuff tear versus SLSP lesion, muscle spasms of the cervical spine, and thoracolumbar sprain-strain. Treatment to date has included diagnostics and medications. Currently (9-17-2015), the injured worker complains of still having "a lot of pain" and that taking over the counter Tylenol was not helpful. He reported tightness on his back, rated 6-7 out of 10 with medication and present 100% of the time. Symptoms were aggravated by any movement and reduced by applying heat to the involved area and hot shower. He reported "some relief of pain" when taking prescription medication. Gastrointestinal complaints were not documented. Exam noted a blood pressure of 182 over 115 and tenderness with pain to the cervical, thoracic, lumbar and sacral areas, along with decreased range of motion in the lumbar spine and right shoulder. His work status was total temporary disability. The previous progress report (8-05-2015) noted pain level of 6 with medication use and 7 without, noting instructions to discontinue Naproxen and Prilosec (use noted since at least 5-2015, at which time pain was rated 7 out of 10) due to stomach upset. On 9-30-2015, Utilization Review non-certified a request for Naproxen 500mg #60 and Prilosec 40mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, naproxen 500 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right rotator cuff tear versus SLAP lesion; muscle spasms of cervical spine; and thoracolumbar sprain strain. Date of injury is June 10, 2013. Request for authorization is September 17, 2015. According to a February 11, 2015 progress note, the treating provider prescribed ibuprofen and Prilosec 20 mg b.i.d. There are no comorbid conditions or G.I. related events predisposing the injured worker to peptic disease. According to an April 8, 2015 progress note, the treating provider changed ibuprofen to naproxen 500 mg and continued Prilosec 20 mg once per day. There is no discussion of gastrointestinal related events. On August 5, 2015, the treating provider discontinued naproxen and Prilosec and started Tylenol 500 mg due to stomach upset. According to a September 17, 2015 progress note, Tylenol was not working. The treating provider reinitiated naproxen 500 mg and Prilosec 20 mg once per day. Subjectively, there was back pain 7/10. Objectively, there was tenderness in the mid-and upper cervical and lumbar spine paraspinal muscle groups with decreased range of motion. The treating provider requested a consultation for further evaluation of pain not responsive Tylenol. There is no clinical indication and no rationale for restarting naproxen with a proton pump inhibitor after the nonsteroidal anti-inflammatory caused apparent stomach upset. There was no documentation showing objective functional improvement with ongoing naproxen 500 mg. Naproxen is recommended at the lowest dose for the shortest period. The treating provider, at a minimum, prescribed an anti-inflammatory as far back as February 2015 (in excess of seven months) without improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, discontinuation of naproxen and a proton pump inhibitor secondary to stomach upset, no documentation demonstrating objective functional improvement and no documentation showing an attempt to wean naproxen, naproxen 500 mg #60 is not medically necessary.

**Prilosec 40mg qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 40 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right rotator cuff tear versus SLAP lesion; muscle spasms of cervical spine; and thoracolumbar sprain strain. Date of injury is June 10, 2013. Request for authorization is September 17, 2015. According to a February 11, 2015 progress note, the treating provider prescribed ibuprofen and Prilosec 20 mg b.i.d. There are no comorbid conditions or G.I. related events predisposing the injured worker to peptic disease. According to an April 8, 2015 progress note, the treating provider changed ibuprofen to naproxen 500 mg and continued Prilosec 20 mg once per day. There is no discussion of gastrointestinal related events. On August 5, 2015, the treating provider discontinued naproxen and Prilosec and started Tylenol 500 mg due to stomach upset. According to a September 17, 2015 progress note, Tylenol was not working. The treating provider reinitiated naproxen 500 mg and Prilosec 20 mg once per day. Subjectively, there was back pain 7/10. Objectively, there was tenderness in the mid-and upper cervical and lumbar spine paraspinal muscle groups with decreased range of motion. The treating provider requested a consultation for further evaluation of pain not responsive Tylenol. There is no clinical indication and no rationale for restarting naproxen with a proton pump inhibitor after the nonsteroidal anti-inflammatory caused apparent stomach upset. There was no documentation showing objective functional improvement with ongoing Prilosec. As noted above, there were no co-morbid conditions or risk factors for gastrointestinal events. There was no clinical indication or rationale for restarting naproxen and, as a result, there was no clinical indication or rationale for restarting a proton pump inhibitor, Prilosec. Additionally, Prilosec dosing should be 20 mg per day. There are no compelling clinical facts for a 40 mg dose. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no comorbid conditions or risk factors for gastrointestinal events, no clinical indication for continuing nonsteroidal anti-inflammatory drugs and no documentation demonstrating objective functional improvement (associated with concurrent nonsteroidal anti-inflammatory drug use) to support ongoing Prilosec, Prilosec 40 mg #30 is not medically necessary.