

<b>Case Number:</b>	CM15-0205502		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/07/2015
<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

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:

On 4-27-15, the injured worker complains of persistent headaches and neck pain with vision changes and no significant improvement since last exam. She is temporarily totally disabled. Physical exam performed on 4-27-15 revealed spasm in paraspinal muscles, tenderness to palpation of paraspinal muscles, restricted range of motion and reduced sensation of left hand. Treatment to date has included oral medications including Naproxen Sodium 550mg and Omeprazole 20mg (documentation did not include mention of gastric issues, length of time the beneficiary has utilized the medications or improvement in pain or function with use of the medications) and activity restrictions. The treatment plan included refilling Naproxen 550mg with 2 refills and Omeprazole 20mg with 2 refills. On 10-7-15 request for Naproxen 550mg with 2 refills and Omeprazole 20mg with 2 refills was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg x 2:** 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:** The uses of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no evidence of efficacy included in the available documentation. Furthermore, there is no quantity information included with this request. The request for Naproxen Sodium 550mg x 2 is determined to not be medically necessary.

**Omeprazole Dr 20mg x 2:** Upheld

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

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

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. Additionally, the concurrent request for NSAIDs is not supported. Furthermore, there is no quantity information included with this request. The request for Omeprazole Dr 20mg x 2 is determined to not be medically necessary.