

<b>Case Number:</b>	CM15-0021474		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 43 year old female, who sustained an industrial injury on June 17, 2013. The injured worker has reported right ankle pain. The diagnoses have included right ankle sprain and right foot sprain. Treatment to date has included pain medication, MRI of the right ankle, ankle brace, acupuncture, a home exercise program and physical therapy with ultrasound. The acupuncture treatments were noted to have given the injured worker fifty percent relief for several days. Current documentation dated December 18, 2014 notes that the injured worker reported pain and weakness in the right ankle along the outer and inner aspect with radiation to the upper part of the lower extremity. She notes that the pain impairs her ability to perform household chores, walk and run. The pain is noted to be intermittent and is rated a five out of ten on the Visual Analogue Scale. Physical examination revealed tenderness and a decreased range of motion of the right ankle. Tarsal tunnel test was negative. On January 7, 2015 Utilization Review non-certified a request for Omeprazole delayed release capsules 20 mg # 60 and Naproxen tablets 550 # 60. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 4, 2015, the injured worker submitted an application for IMR for review Omeprazole delayed release capsules 20 mg # 60 and Naproxen tablets 550 # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole delayed release capsule 20 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation 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 not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole delayed release capsule 20 mg #60 is not medically necessary.

**Naproxen 550 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation 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 longterm 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. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-

term use. Dyesthesia pain is present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent. The treating physician has not provided documentation of functional improvement or pain relief after taking Naproxen. As such, the request for Naproxen 550 mg #60 is not medically necessary.