

<b>Case Number:</b>	CM15-0045298		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Emergency 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 55 year old female, who sustained an industrial injury on 05/16/2013. She has reported subsequent back pain and was diagnosed with lumbar sprain/strain. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. In a progress note dated 01/22/2015, the injured worker complained of low back and neck pain rated as 4-5/10. Objective findings were illegible. A request for authorization of Naproxen, Omeprazole and Methoderm cream was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprozen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 12 of 127.

**Decision rationale:** The MTUS guidelines do recommend the use of NSAIDS as a first-line treatment for chronic low back pain. Selection of the anti-inflammatory medication should be made on a case by case basis based on the patient's individual side effect profile. The patient does of MRI findings of lumbar disc protrusion at the L5-S1 level. The records indicate the patient has undergone other treatment modalities including physical therapy and exercise. The use of naproxen would be reasonable choice to aid in pain and inflammation control. Therefore, the request is medically necessary.

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** Based on the MTUS guidelines, the decision to add a proton pump inhibitor to an anti-inflammatory medication is based on the risk for gastrointestinal side effects, the most significant of which is hemorrhage and perforation. The medical records do not reflect any risk factors for gastrointestinal disease, which would warrant the addition of protective medication. These risk factors include an age greater then 65, history of peptic ulcer disease, bleeding, or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose multiple non-steroidal anti-inflammatory medication being used concurrently. Therefore, the request is not medically necessary.

**Menthoderm creams:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 105 of 127.

**Decision rationale:** Based on the MTUS guidelines, topical salicylate medication is significantly better then placebo in the treatment of chronic pain. Examples would include preparations such as Ben-Gay or methyl salicylate. The records do indicate ongoing pain with radiographic imaging documenting musculoskeletal disease, including a meniscus tear. It is recommended for use to aid in pain relief. Therefore, the request is medically necessary.