

<b>Case Number:</b>	CM15-0046724		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on March 25, 2005. The diagnoses have included lumbar spine IVD without myelopathy x3 4.2-4.8mm, thoracic spine sprain/strain, lumbar/lumbosacral neuritis, cervical myofascitis, spasm of muscles, post-op laminectomy and anxiety. Treatment to date has included laminectomy, medication for pain and inflammation. Currently, the injured worker complains of bilateral upper back, bilateral mid back and bilateral lower back pain, anxiety and posterior neck pain. In a progress note dated December 11, 2014, the treating provider reports revealed decreased range of motion of the cervical spine, lumbar spine and knee bilateral, the lumbar spine revealed tender areas in the lumbar region on both sides. The provider is requesting Anaprox or Naproxen sodium, Neurontin/Gabapentin, Norco/Hydrocodone, and Tramadol/ Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient has a date of injury of 02/25/2005 and continues to complain of bilateral upper back, bilateral midback, and left lower back pain that radiates into the left buttock, calf, foot, and toes. The patient also complains of posterior neck pain. The current request is for Prilosec 20 mg #60. Request for authorization is dated 12/11/2014. The MTUS Guidelines pages 60 and 69 states that omeprazole is recommended with precaution for patients with gastrointestinal events including: Ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA, or corticoid and/or anticoagulant, high-dose/multiple NSAID. Review of the medical file indicates the patient has been utilizing naproxen for inflammation on a long-term basis; however, the treating physician has not provided any discussion GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Routine prophylactic use of PPI without documentation of gastric issue is not supported by MTUS Guidelines without GI risk assessment. This request is not medically necessary.

**Anaprox 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The current request is for Anaprox 550 mg #90. Request is for authorization is dated 12/11/2014. MTUS Guidelines page 22 has the following regarding antiinflammatory medications, "Antiinflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treating physician states that physical examination describes signs and symptoms and objective findings that support the use of this drug. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to medication use for chronic pain. In this case, recommendation for further use cannot be supported as the treating physician has not provided any documentation of this medication's efficacy. Given the lack of discussion regarding efficacy, the requested Anaprox is not medically necessary.