

<b>Case Number:</b>	CM15-0052735		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 (IW) is a 45-year-old female who sustained an industrial injury on 01/08/2012. The mechanism of injury was a slip and fall. Diagnoses include chronic low back pain with disc protrusion at L5-S1 causing intermittent radiculopathy into the lower extremities. Treatment to date has included medications, epidural steroid injections (ESI) and physical therapy. Diagnostics performed to date included x-rays, electro diagnostic testing and MRIs. According to the PR2 dated 12/22/14, the IW reported constant low back pain with muscle spasms. She stated the pain traveled down both legs causing numbness and tingling. A previous ESI left a small lump in the right upper buttocks that was tender to touch and swelled when she became active. A request was made for Naproxen, Omeprazole, Vicoprofen, Anaprox, Prilosec, purchase of a back brace and purchase of a TENS unit for treatment of the lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation of objective pain relief. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication was for twice a day protection for her stomach. However, there was a lack of documentation indicating the injured worker had dyspepsia. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for both a generic and brand formulation of the proton pump inhibitor. This request was being reviewed, along with 2 oral NSAIDs. As the NSAIDs were found to be not medically necessary, the request for omeprazole 20 mg #60 is not medically necessary.

**Vicoprofen 7.5/200mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76, 77.

**Decision rationale:** The California MTUS guidelines indicate that therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Before initiating therapy, the injured worker should set goals and the continued use of opioids should be contingent upon meeting these goals. Baseline pain and functional assessments should be made including social, physical, psychological, daily, and work activities and should be performed using a validated instrument or numerical rating scale and the pain related assessment should include the history of pain treatment and effective pain function. The injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess

whether a trial of opioids should occur. The clinical documentation submitted for review failed to provide documentation that the injured worker had a failure of non-opioid medications. There was a lack of documentation indicating the injured worker had a psychosocial assessment to assess whether the trial of opioids should occur. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vicoprofen 7.5/200 mg #60 is not medically necessary.

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation of objective pain relief. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Anaprox 550 mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication was for twice a day protection for her stomach. However, there was a lack of documentation indicating the injured worker had dyspepsia and indicating the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. This request was being reviewed, along with 2 oral NSAIDs. There was a lack of documentation indicating a necessity for both a generic and brand formulation of the proton pump inhibitor. As the NSAIDs were found to be not medically necessary, the request for Prilosec 20 mg #60 is not medically necessary.

**Back brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide documentation the injured worker had instability in the lumbar spine. There was a lack of documented rationale for the use of the back brace. Given the above, the request for back brace purchase is not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there, must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide the injured worker had trialed and failed appropriate pain modalities, including medication. There was a lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to a program of evidence based functional restoration for neuropathic pain. There was a lack of documentation indicating the injured worker had tried the unit and found that there was objective pain relief and objective functional improvement with the use of the unit. Given the above, the request for TENS unit purchase is not medically necessary.