

Case Number:	CM15-0056535		
Date Assigned:	04/01/2015	Date of Injury:	10/22/2012
Decision Date:	05/29/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 10/22/2012. He reported low back pain. The injured worker was diagnosed as having lumbar spine stenosis at L4-5 with instability. Treatment to date has included medications. The request is for Naprosyn, and Prilosec. On 2/21/2015, he complained of low back pain with radiation into the leg. He reported trying to lose weight to undergo surgery. The treatment plan included: continued weight loss, surgery, x-rays, and magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Naprosyn, unspecified dose and frequency, quantity: unspecified, no. of refills: unlisted:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-70, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73.

Decision rationale: The claimant is a 63 year old male who sustained a work-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, he was losing weight in preparation for lumbar surgery. Medications include Naprosyn and Prilosec which were refilled. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the dose being requested is unknown and therefore the request cannot be considered as medically necessary.

Prilosec unspecified dose and frequency, quantity: unspecified, no. of refills: unlisted related to low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 - 69 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant is a 63 year-old male who sustained a work-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, he was losing weight in preparation for lumbar surgery. Medications include Naprosyn and Prilosec which were refilled. In this case, there are no identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Therefore, the prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.