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| <b>Case Number:</b>   | CM15-0082424 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 09/21/2011 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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 40 year old male injured worker suffered an industrial injury on 9/21/2011. The diagnoses included lumbar spine disc protrusion and facet arthropathy. The injured worker had been treated with medications and TENS. Documentation is composed of mostly checkoff boxes and brief hand written notes. It provides very little information concerning plans or exam. On 3/25/2015 the treating provider reported low back pain and the medications and unit help with pain rated as 5 to 6/10 with tenderness along with mild reduced lumbar range of motion. The treatment plan included Fenoprofen and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Fenoprofen 400mg. #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Fenoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on Fenoprofen for at least 6months and was previously on naproxen. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Long term use of NSAID is not recommended. Fenoprofen is not medically necessary.

**Prescription of Omeprazole 20mg, #60:** Upheld

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

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Fenoprofen which is not recommended in this independent medical review and utilization review. There is no documentation of dyspepsia or increased risk of GI bleed. Since patient has no indication for PPI and NSAID is not recommended, Prilosec/Omeprazole is not medically necessary.