

Case Number:	CM14-0131863		
Date Assigned:	08/20/2014	Date of Injury:	06/15/2012
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32 year old male who sustained an industrial injury on 6/15/2012. The 7/28/2014 pain management progress report indicates presents for routine follow up. He denies any new problems. He has seen the psychologist and has started on medications. He reports that he has been taking two tablets. He stopped taking the medication as it was making him dizzy. Medications are Tylenol #3, Naprosyn, mirtazapine and Prilosec. Objective findings indicate TTP, normal gait, alert and oriented mental status, and intact/clean/dry skin. A physical examination is not documented. Diagnoses are cervicalgia/neck pain, lower back pain, poor coping, lumbar radiculopathy, and sleep issues. Treatment plan indicates continue Naprosyn, Tylenol #3 and Prilosec, continue HEP (home exercise program), keep follow up appointments with psychiatrist and discuss with psychiatrist about medications and dizziness. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-79.

Decision rationale: The medical records do not establish the existence of moderately severe pain as to warrant consideration of opioid medication. In addition, the efficacy of this medication to date has not been established. The guidelines do not recommend continuing opioids if there is no overall improvement in function. The guidelines do not support continuing a medication regimen, in absence of evidence establishing there has been clear, clinically significant improvement as a result of continued usage. The medical records do not substantiate pain complaints cannot be adequately addressed by non-opioids and other self-directed palliative measures, such as ice, heat, stretching exercises and activity modifications, for this June 2012 industrial injury. Therefore the request is not medically necessary.

Naprosyn #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-68.

Decision rationale: According to the CA MTUS, Naprosyn is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not reflect the patient has had any notable benefit with use of this medication. Furthermore, the medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines. The request is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain; Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved

indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not document supportive correlating subjective/objective findings documented in a medical report that would establish Omeprazole is medically indicated. The medical necessity of Omeprazole has not been established.

Prilosec #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 & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain; Proton pump inhibitors (PPIs), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not document supportive correlating subjective/objective findings documented in a medical report that would establish Prilosec is medically indicated. The medical necessity of Prilosec has not been established.