

Case Number:	CM14-0180887		
Date Assigned:	11/04/2014	Date of Injury:	06/14/2007
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 55 year old woman with a date of injury of 6/14/07. The most recent note in the records is from 4/1/14. She was seen by her primary treating physician with complaints of increased neuropathic pain in her right lower extremity, low back and hip pain. She had attempted to discontinue over the counter omeprazole which led to an increase in GI discomfort. She reported improved pain and function with her current medications. Her medications included gabapentin, acetaminophen, aspirin and omeprazole. Her exam showed an antalgic gait. She had moderate tenderness in the midline lumbar spine from L4-5 and 1+ palpable muscle spasms. She had slight tenderness over the right trochanteric bursa with a negative FABER's and a tender iliopsoas tendon. She had hyperesthesia over the right lower extremity - right ankle and right great toe. She was unable to dorsiflex her right ankle. Her diagnoses were right total hip arthroplasty from avascular necrosis, postoperative right peroneal nerve palsy, NSAID-induced gastritis, low back and lower extremity pain with associated spasms/spasticity, right ankle synovitis, lumbosacral strain and elevated hepatic enzymes per labs in 7/13. At issue in this review is the request for Naproxen and Omeprazole. Length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, 9792.20-9792.26 Page(s): 66-73.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any discussion of goals with regards to efficacy and functional status and a discussion of side effects to justify use. The medical necessity of Naproxen is not substantiated.

Omeprazole 20mg ##0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, 9792.20-9792.26 Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole.