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| Case Number: | CM14-0183103 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 10/08/2012 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 and Rehabilitation and is licensed to practice in California. 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 49-year-old male who sustained an injury on 10/8/12. As per the 10/2/14 report, he presented with significant spasms and constant, aching and dull pain over his left hip and leg. He rated the pain at 6/10 which can go up to 10/10 at worse. An exam revealed greater trochanteric bursa tenderness on the left side; tightness, tenderness, and trigger points with spasms in the left gluteus medius, maximus and piriformis muscles, especially in the left piriformis; tenderness over left iliofemoral and ilioinguinal tendons and muscles; limping bilaterally with limp on left with leg length discrepancy; and positive SLR test on the left. An x-ray of the left hip revealed intact total hip arthroplasty with excellent position and lucency along the lateral edge of the acetabulum. He is status post total left hip replacement in April 2013 and underwent postoperative physical therapy. He is currently on Norco and Fexmid and he was also prescribed Naproxen for pain and inflammation and Omeprazole; however no GI complaints were documented. He is getting some pain relief to an extent with the use of his medication regimen. Utilization review records revealed that he had been prescribed naproxen since at least June 2014. Prior to naproxen use he was also prescribed ibuprofen. His urine toxicology screen dated 7/21/14 was positive for Hydrocodone and Hydromorphone. Diagnoses include osteoarthrosis pelvic region and thigh, contusion of hip, pain in joint pelvic region and thigh, enthesopathy of hip region, unspecified myalgia and myositis, and sprain and strain of lumbosacral region. The request for Naproxen Sodium 550mg #60 and Omeprazole 20mg #60 was denied on 10/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Long-term use of NSAIDs is not recommended due to potential GI and renal side effects. Furthermore, the IW is also taking Norco for pain. Therefore, the request is considered not medically necessary in accordance to guidelines.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68.

Decision rationale: According to the CA MTUS, Omeprazole "PPI" is recommended for patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records in this case do not establish the patient is at significant risk for GI events or the risks as stated above. Therefore, the medical necessity of the request for Omeprazole is not established at this time.