

Case Number:	CM14-0091302		
Date Assigned:	07/23/2014	Date of Injury:	03/15/2013
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 34-year-old man with a date of injury of 03/15/2013. A report dated 04/11/2014 identified the mechanism of injury as a fall of a ladder resulting in injury to his back, shoulder, left elbow, and left knee. This report and office visit note dated 05/09/2014 indicated the worker was experiencing significant lower back pain that went into his left leg more than his right and leg numbness and weakness. Documented examinations consistently described decreased motion in the lower back joints; office visit note dated 05/09/2014 also described lower back tenderness with spasm and decreased sensation along the L5 and S1 nerves. An electrodiagnostic report dated 04/11/2014 described moderate L2 later femoral cutaneous nerve impairment that was moderate on the right and marked on the left. Dr. [REDACTED] office visit note dated 05/09/2014 suggested blood tests had been abnormal but details were not reported. The submitted documentation concluded the worker was suffering from lumbosacral neuritis. Recommended treatments included injected medications in the lower back near the spine and follow up. The report dated 03/15/2013 recommended unreported medications and the office visit note dated 05/09/2014 recommended the worker stop taking them. A Utilization Review decision rendered on 05/21/2014 recommended non-certification for Omeprazole delayed release capsule 80mg and Naproxen sodium tablets 550 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed Release Capsule 80mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (online edition).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Omeprazole: Druege Information. Topic 9718, version 132.0. UpToDate, accessed 09/14/2014.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines recommend an individualized assessment of a worker's risk for gastrointestinal events when prescribing non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age older than 65 years; a history of prior bleeding from the stomach or intestines, an ulcer, or an ulcer that eroded through the wall of the stomach or intestine; use of aspirin, steroids, or blood thinning medications at the same time as the NSAID; use of high dose NSAIDs; or use of multiple NSAIDs at the same time. If the worker has no risk factors, a non-selective NSAID alone is recommended. If the worker has an intermediate risk of gastrointestinal events, a non-selective NSAID with proton pump inhibitor medication is suggested. If the worker is assessed to have a high risk for gastrointestinal events, a selective NSAID with proton pump inhibitor medication is recommended only if absolutely necessary. The FDA-approved dosing of omeprazole when used as a protectant with NSAID therapy is 20mg. The 80 mg dose is reserved for those people with a pathologic hypersecretory condition. The submitted documentation did not include a discussion of the worker's risk for gastrointestinal events and did not record an assessment of any of the known risk factors. There also was no indication the worker had a known pathologic hypersecretory condition. In the absence of such evidence, the current request for Omeprazole delayed release capsule 80 mg is not medically necessary.

Naproxen Sodium Tablets 550 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Naproxen is a medication in the non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support this treatment option for short-term symptomatic relief from on-going lower back pain. There is inconsistent evidence for NSAID use in treating long-term neuropathic pain, but it may be useful in treating breakthrough neuropathic pain or mixed pain conditions, such as osteoarthritis with neuropathic pain. Medications in this class can result in complications and significant side effects; the Guidelines strongly encourage individualized risk assessment. The submitted documentation concluded the worker was suffering from lumbosacral neuritis. There was no description of the duration of symptoms, a discussion of the worker's individual risk for complications or side effects from the medication, or if the treatment was intended as a base treatment or for breakthrough symptoms. In the absence of such evidence, the current request for Naproxen sodium tablets 550 mg is not medically necessary.

