

<b>Case Number:</b>	CM15-0010686		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 63 year old male was injured on 9/14/10 in an industrial accident involving a gradual onset of symptoms with no known accident or injury. He is currently experiencing pain in bilateral shoulders, rated as 4/10; bilateral knee pain and cramps with numbness down both legs with pain rated as 2-7/10; bilateral lower lumbar pain with muscle spasms rated 7/10. His activities of daily living are impacted. He takes Norco, Relefan and omeprazole. Documentation indicates that he has had laboratory evaluations to determine level of prescription medications, results not available. Diagnoses are displacement of cervical and lumbar intervertebral disc without myelopathy; right knee anterior cruciate ligament sprain; degenerative joint disease/osteoarthritis of the knee; tear of medial cartilage or meniscus of the knee; insomnia; diabetes and depressive disorder. The injured worker is doing home based exercises which alleviate his symptoms. Diagnostics include MRI of the right and left knees, left and right shoulders and lumbar spine and unrelated testing for cardio-pulmonary issues. Besides medication, no other treatments were found in documentation. The treating physician ordered naproxen to reduce or alleviate symptoms and Prilosec for stomach protection and to avoid gastrointestinal upset. On 1/7/15 Utilization Review non-certified the requests for naproxen 550 mg # 60 and Prilosec 20 mg # 30 citing MTUS; Chronic Pain medical Treatment Guidelines (non-steroidal anti-inflammatories) and Gastrointestinal Symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): (s) 67-68, 73.

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

**Decision rationale:** Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was from cervical disk syndrome, a bulging lower back disk, a left shoulder rotator cuff tear, and a torn meniscus involving the right knee. There was no discussion describing improved pain intensity, function, and/or quality of life with the use of this medication, and an individualized risk assessment was not provided. In the absence of such evidence, the current request for sixty tablets of naproxen 550mg is not medically necessary.

**Prilosec 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): (s) 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): page(s) 68-69. Decision based on Non-MTUS Citation Omeprazole: Druge Information. Topic 9718, version 151.0. UpToDate, accessed 03/15/2015.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from cervical disk syndrome, a bulging lower back disk, a left shoulder rotator cuff tear, and a torn meniscus involving the right knee. There was no discussion describing any symptoms or signs suggesting any of the above conditions or special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for thirty tablets of Prilosec (omeprazole) 20mg is not medically necessary.

