

<b>Case Number:</b>	CM15-0015903		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on July 11, 2013. The diagnoses have included neck sprain with disc herniation, lumbosacral sprain/strain, concussion with loss of consciousness, carpal tunnel syndrome, sleep disturbance and depression and anxiety. A progress note dated November 13, 2014 provides the injured worker complains of neck pain rated 6-7/10 with tightness that is unchanged. The injured worker has been authorized for pain management. She reports injections have helped. On December 27, 2014 utilization review non-certified a request for Naproxen 550mg #60 and Prilosec 20mg #60 and modified a request for Ultram 50mg #60. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 19, 2015.

### 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 (non-steroidal anti-inflammatory drugs) 2009 Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The injured worker is being treated for chronic pain from a neck sprain with disc herniation, lumbosacral sprain/strain, carpal tunnel syndrome, sleep disturbance and depression and anxiety. Cervical MRI indicates evidence of multilevel degenerative changes. Pain levels are noted to be 6-7/10. She has been returned to work with modified duty. Request is being made for continuation of Naprosyn 550 mg, Prilosec 20 mg of Ultram 50 mg for chronic pain. MTUS guidelines recommends NSAIDs for chronic back pain for short-term symptomatic relief. Request as written does not adequately document short-term symptomatic relief and is therefore not medically necessary.

**Ultram 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The injured worker is being treated for chronic neck sprain with disc herniation, lumbosacral sprain/strain, carpal tunnel syndrome, sleep disturbance and depression and anxiety. Cervical MRI indicates evidence of multilevel degenerative changes. Pain levels are noted to be maintained in the moderate range based on patient questionnaire. On 1/19/15 the injured worker was return to work with modified duties. Request is being made for continuation of Ultram 50 mg twice daily. With regards to continuation of opioid therapy, MTUS guidelines recommends continuation if: (a) the patient has return to work, (b) has functional improvement and pain. In case of this injured worker, guidelines have been met for continuation of opioid therapy and is therefore medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The injured worker is being treated for neck sprain with disc herniation, lumbosacral sprain/strain, carpal tunnel syndrome, sleep disturbance and depression and anxiety. Cervical MRI indicates evidence of multilevel degenerative changes. Pain levels are noted to be 6-7/10. She has been returned to work with modified duty. Request is being made for continuation of Naprosyn 550 mg, Prilosec 20 mg of Ultram 50 mg for chronic pain. For patients with intermediate risks for gastrointestinal events, MTUS guidelines recommends nonselective NSAIDs with a proton pump inhibitor. In the case of this injured worker there is no documentation of intermediate risk for gastrointestinal events from NSAIDs such as peptic ulcer

disease, GI bleeding or concurrent use of an anticoagulant medications. In addition, there has been inadequate documentation supporting medical necessity of NSAID use. Request for Prilosec is therefore not medically necessary.