

<b>Case Number:</b>	CM15-0116456		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Ohio, 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 52 year old male who sustained an industrial injury on 8-26-14. The injured worker was diagnosed as having cervicothoracic sprain-strain syndrome, rule out discogenic pain, lumbosacral sprain and rule out discogenic pain with radiculopathy. Currently, the injured worker reported constant pain in the lower back with radiation into the legs. Previous treatments included oral pain medication, non-steroidal anti-inflammatory drugs, physical therapy. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured work status was noted as temporary totally disabled. The injured workers pain level was noted as 9 out of 10. Physical examination was notable for tenderness to cervical and thoracic paraspinal region bilaterally with muscle spasms noted to cervical and thoracic region as well and tenderness to lumbar paraspinal region bilaterally. The plan of care was for Anaprox (Aleve DS, Naprosyn) 550 milligrams quantity of 100 and Prilosec (Omeprazole) 20 milligrams quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox (Aleve DS, naprosyn) 550 mg #100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. An initial physician review recommended trial of a lower dosage of this medication. As this request is within FDA approved labeling recommendations, the risk vs. benefit assessment documented by the treating physician is presumptively accepted; it would not be the role of utilization review to impose an alternate dosage in that situation. Therefore, this request is medically necessary.

**Prilosec (Omeprazole) 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. The request is not medically necessary.