

<b>Case Number:</b>	CM15-0126389		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 10/10/2013. He reported falling backwards, injuring his neck and low back. Diagnoses have included lumbar strain, cervical strain and thoracic strain. Treatment to date has included massage therapy, lumbar magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/18/2015, the injured worker complained of cervical, lumbar and thoracic spine pain rated 7-8/10. It was noted that medication decreased the pain somewhat. Usual gait was antalgic due to right knee pain. Palpation of the paralumbar muscles showed muscle spasm and tenderness bilaterally. Straight leg raise test was positive bilaterally. Palpation of the paracervical muscles showed muscle spasm or tightness and tenderness in the mid and lower paracervical musculature. Palpation of the parathoracic muscles showed muscle spasm or tightness and tenderness. Authorization was requested for Naproxen sodium and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #60 prescribed 5/18/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Naproxen Sodium 550mg #60 prescribed 5/18/15 is determined to not be medically necessary.

**Omeprazole 20mg 1-2 tablets daily prescribed 5/18/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the request for naprosyn is not supported, therefore, there is no indication for the use of omeprazole. The request for omeprazole 20mg 1-2 tablets daily prescribed 5/18/15 is determined to not be medically necessary.