

Case Number:	CM15-0176116		
Date Assigned:	10/09/2015	Date of Injury:	09/22/2014
Decision Date:	11/18/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 09-22-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine pain, sprain-strain, and radiculopathy as well as a hernia. Medical records (07-14-15) reveal the injured worker complains of pain in his abdomen-groin and lumbar spine rated at 9/10. The physical exam (07-14-15) reveals limited range of motion of the lumbar spine, as well as paraspinal tenderness to percussion, an antalgic gait and a positive stoop test. Prior treatment includes medications and a herniorrhaphy. The original utilization review (08-05-15) non certified the request for Naproxen 550mg #60 with 2 refills and Omeprazole 20mg #30 with 2 refills. The documentation supports that the injured worker has been on Naproxen and Omeprazole since at least 05-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen 550mg #60 with 2 refills is not medically necessary. Per the CA MTUS, "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP." Long-term use of NSAIDs is not recommended and a limitation plan is not documented. CA MTUS supports the use of NSAIDs for moderate to severe musculoskeletal pain for a short duration. The patient's injury is chronic and there is no documentation of an acute exacerbation of pain for which this medication would be supported. Therefore, the requested medication is not medically necessary. The request is non-certified. Therefore, the request is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole 20mg #30 with 2 refills is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen.