

<b>Case Number:</b>	CM15-0075749		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Texas, Florida, 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 56 year old male who sustained an industrial injury on 01/30/2013. Current diagnoses include chronic low back pain, low back pain with radicular features, discogenic low back pain, facetogenic low back pain, and paraesthesias of the lower extremities. Previous treatments included medication management, chiropractic, physical therapy, and acupuncture. Previous diagnostic studies include an MRI of the lumbar spine, nerve conduction study, and an x-ray. Report dated 03/24/2015 noted that the injured worker presented with complaints that included low back and extremity pain with pins and needles in both legs. It was noted that the injured worker was taking Naprosyn and omeprazole with good relief and tolerating it well. Pain level was 6 out of 10 on the visual analog scale (VAS) without medications. The physician noted that the injured worker has nausea, vomiting, diarrhea, constipation, and acid indigestion. Physical examination was positive for abnormal findings. The treatment plan included continuation with Naprosyn and omeprazole, and added gabapentin for the radicular pain. Disputed treatments include Naprosyn and Prilosec OTC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

**Decision rationale:** This claimant was injured over two years ago, and has multi-area pain. There has been long term medicine treatment .The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is not medically necessary and appropriately non-certified.

**Prilosec OTC 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** This claimant was injured over two years ago, and has multi-area pain. There has been long term medicine treatment. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Further, as the Naprosyn is not certified in a separate review, there would be no need for the Prilosec. The request is not medically necessary and appropriately non-certified based on MTUS guideline review.