

<b>Case Number:</b>	CM15-0079539		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 66 year old female, who sustained an industrial injury on October 3, 2009. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbar myoligamentous injury, lumbar protrusions, lumbar foraminal stenosis, bilateral lower radiculopathy, cervical myoligamentous injury with cervicogenic headaches, reactionary depression, bilateral carpal tunnel syndrome and gastritis related to prolonged medication use. Treatment to date has included medications, radiological studies, spinal cord stimulator, electrodiagnostic studies and a psychiatric evaluation. Current documentation dated March 10, 2015 notes that the injured worker reported persistent low back pain with radiation into the lower extremities and neck pain with radiation to the upper extremities. The pain level was rated a six out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness and a painful and decreased range of motion. Sensory examination of the upper extremities was decreased along the lateral arm and forearm and along the second, third and fourth digits bilaterally, right greater than the left. Examination of the lumbar spine revealed tenderness of the lumbar musculature and left groin region. Range of motion was noted to be painful and decreased. The treating physician's plan of care included a request for the medications Prilosec and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-70.

**Decision rationale:** Guidelines recommend Anaprox for osteoarthritis at the lowest effective dose for the shortest duration of time. The records indicate that the patient has been on Anaprox for an unstated length of time and pain is still 6/10 even with medications. Due to lack of efficacy, the request for Anaprox DS 550mg #60 is not medically necessary and appropriate.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines recommend a PPI for patients taking NSAIDs who are at moderate to high risk for gi complications. In this case, the records do not indicate that the patient has current or past gi problems. The request for Anaprox is not supported and therefore there would be no need for this medication. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.