

Case Number:	CM13-0033670		
Date Assigned:	12/06/2013	Date of Injury:	07/10/2012
Decision Date:	03/17/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient injured her lumbar spine in work related accident on 07/10/12. Recent clinical assessment of 09/18/13 by [REDACTED] indicated continued low back complaints with examination showing restricted range of motion. Further clinical findings at that time were not noted. Previous imaging to the lumbar spine included an MRI report of 06/06/13 that showed a left sided L5-S1 disc protrusion, which was noted to be "smaller" than the previous study of 08/28/12 with mild canal narrowing and an otherwise negative scan. Recommendations at the last clinical assessment were for two prescriptions of Norco 10/325 mg tablets, one for dose 40, the other for dose 60, Protonix and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs (non-steroidal anti-inflammatory drugs)..

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of Anaprox would not be indicated in this case. The claimant is greater than a year and a half from the time

of her low back injury with documentation demonstrating vague physical examination findings and imaging demonstrating essentially negative testing. MTUS Chronic Pain Guideline criteria would not support the role of long term use of nonsteroidal medication. It would reserve its use in the chronic low back setting for symptomatic flare. The specific request for continuation of usage of this medication on a chronic basis would not be indicated.

Protonix 20mg 1 tab OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS Chronic Pain Guidelines would not support the continued role of Protonix. The Guidelines in regards to usage of protected proton pump inhibitors require documentation of a significant gastrointestinal risk factor. These would include an age greater than 65 years, a history of peptic ulcer GI bleeding or perforation, concordant use of aspirin, Corticosteroids, or anticoagulants or high dose multiple nonsteroidal usage. Records do not indicate this claimant has an increased risk of a gastrointestinal event secondary to the four documented risk factors. The continued role of this proton pump inhibitor would not be indicated for prophylactic purposes.

Norco 10/325mg 1 tab q 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: MTUS Chronic Pain Guidelines indicate that the continued role of opioid management would include documentation of improvement in function. Records in this case fail to demonstrate any improvement in function with the usage of short acting opioid analgesics. The claimant's clinical presentation is that of vague physical examination findings and essentially negative imaging to the lumbar spine. The ongoing use of narcotic management in this claimant would not be supported as medically necessary.

Norco 10/325mg 1 tab q 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: MTUS Chronic Pain Guidelines indicate that the continued role of opioid management would include documentation of improvement in function. Records in this case fail to demonstrate any improvement in function with the usage of short acting opioid analgesics. The claimant's clinical presentation is that of vague physical examination findings and essentially negative imaging to the lumbar spine. The ongoing use of narcotic management in this claimant would not be supported as medically necessary.