

<b>Case Number:</b>	CM13-0041782		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 is a 34 year-old male who reports that he worked for the [REDACTED] for seven years prior to his injury. He did have one prior report of right wrist injury in 2008 for which he had consult, but no treatment was ever received. He was working as an LVN, pushing carts to two units, walking, pushing and pulling for eight hours a day, five days a week, roughly a half mile of walking per day. During the course of his usual and customary duties on 03/15/2013, a co-worker began vomiting and laid down on the floor and became unresponsive. Emergency services were called. He tried to help the co-worker get into the wheelchair, and in the process he hurt his mid back and exacerbated his lower back symptomatology with radiation into the right lower extremity. This was reported, and he was sent to [REDACTED] where he was prescribed several sessions of physical therapy. The patient states that he did not find these to be helpful. The patient continues to experience pain in his back in the morning and worsening throughout the day. He states that his pain is controlled using his current medication and is worsened with prolonged sitting, standing, walking, bending, and lifting. The patient describes the pain as sharp and dull with radiation into the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use Page(s): 76-77.

**Decision rationale:** The patient has been using Vicodin 5/500mg prior to the date of current injury (03/15/2013). Guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Given that the patient has not had any long-term functional improvement gains from taking Opioid therapy over the past several months, it is warranted for the patient to begin weaning from Opioids. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for POS-Hydroco/APAP Tab 10-325 mg, 30-day supply, Qty: 120 with no refills is not medically necessary.

**Naproxen Sodium 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 47, 66 to 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic) (Updated 11/14/2013) Naproxen (Naprosyn®®, EC-Naprosyn®®)

**Decision rationale:** With respect to Naproxen Sodium 550mg, this medication has been prescribed for a 30 day script with refills in less than 4 weeks over the previous few months. Chronic daily use is not supported by the CA MTUS guidelines without any documentation of functional improvement and efficacy. The patient has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication in this patient; therefore the request for Naproxen Sodium 550mg #30 is not medically necessary.

**Pantoprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain (Chronic) (Updated 11/14/2013) Proton Pump Inhibitors

**Decision rationale:** With respect to retrospective for Pantoprazole 20mg, this medication was prescribed as a prophylaxis for GI distress associated with NSAIDs (Naproxen). However since Naproxen was not medically necessary, same goes for Pantoprazole 20 mg.