

Case Number:	CM13-0067043		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2012
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/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 43-year-old male who reported injury on 02/27/2012. The mechanism of injury was noted to be that a piece of plywood fell and struck the patient in the right cervical brachial region. The patient's medication history regarding naproxen and Protonix could not be established. The documentation of 12/03/2013 revealed that the patient relied on Voltaren gel for pain relief, and would use naproxen as needed for more severe pain. The patient was noted to take naproxen up to 3 tablets per day, which caused GI irritation, and there was documentation the patient used Protonix, which helped with the side effects when he used the naproxen at 1 tablet per day, but did not help much when he took more of the naproxen. The patient's diagnoses were noted to include neck pain, syndrome cervical brachial, fracture clavicle NOS closed, and brachial plexus lesion. The request was made for naproxen sodium and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM (ANAPROX) 550MG #90: 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): 67.

Decision rationale: California MTUS Guidelines recommend NSAIDs for short-term symptomatic relief for backaches. There should be documentation of an objective functional improvement and an objective decrease in the VAS score. Clinical documentation submitted for review indicated the patient was taking 1 to 3 tablets of the medication per day. It was indicated the patient was taking the medication for more severe pain. However, there was a lack of documentation indicating objective functional improvement and an objective decrease in the VAS score with the medication. Given the above, the request for 90 tablets of naproxen sodium (Anaprox) 550 mg is not medically necessary.

PANTOPRAZOLE (PROTONIX) 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient was taking 1 to 3 tablets of naproxen per day when needed for pain. The documentation further indicated that the patient was taking Protonix and it was ineffective if the patient took more than 1 tablet of Naproxen. As the request for naproxen sodium was not medically necessary, the request for Protonix is not medically necessary.