MAXIMUS Federal Services

Case Number:	CM13-0068391		
Date Assigned:	01/03/2014	Date of Injury:	12/01/1998
Decision Date:	05/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 an employee of [redacted] and has submitted a claim for cervicalgia and lumbago associated with an industrial injury date of 12/01/1998. The treatment to date has included cervical traction, physical therapy, and medication such as Opana ER, Naprelan, Pristiq, Norco, and Nexium. The utilization review from 11/20/2013 denied the requests for Nexium 40mg, #60; and Pristiq 100mg, #30 due to lack of documentation upon which to determine medical necessity. Medical records from 2013 were reviewed showing that patient complained of upper back, neck pain, and low back pain radiating into the left arm and leg associated with numbness and tingling sensation. Patient likewise complained of gastrointestinal upset, helped a little by Protonix, but not by Aciphex. Occasional Sprix spray helped with her flare-ups. Patient can ambulate without an assistive device. Physical examination showed tightness and tenderness of the bilateral upper trapezius and lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40MG #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. A proton pump inhibitor is indicated for patients with the abovementioned intermediate risk factors. In this case, the patient has been prescribed with opioids and Naproxen which may have resulted to her complaint of gastrointestinal upset. Nexium has been prescribed as early as July 2013. The medical necessity for a proton pump inhibitor may have been established, however, progress report dated 12/05/2013 cited that Nexium was changed into Protonix. There is no current indication to approve the request of a non-prescribed medication. Therefore, the request for Nexium 40mg, #60 is not medically necessary.

PRISTIQ 40MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on page 13-14 of California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The recent reviews recommended tricyclic antidepressants and SNRIs as first line options. Pristiq is desvenlafaxine, a serotonin norepinephrine reuptake inhibitor (SNRI). In this case, patient has been complaining of chronic neck and lower back pain radiating to left upper and lower extremities associated with numbness and tingling sensation. Pristiq has been prescribed as early as July 2013. The medical necessity for an antidepressant as treatment for neuropathic pain may have been established, however, progress report dated 01/06/2014 cited that Pristiq was changed into Effexor XR for pain coping and mood. There is no current indication to approve the request of a non-prescribed medication. Therefore, the request for Pristiq 40mg, #30 is not medically necessary.