

Case Number:	CM14-0010221		
Date Assigned:	02/21/2014	Date of Injury:	09/10/2013
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/23/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male with a reported date of injury on 09/10/2013. The mechanism of injury occurred when the injured worker was lifting mulch in a barrel about 36 gallons; as he went to dump the mulch, his back pulled and he felt a pop in his back. The progress note dated 01/20/2014 reported low back with left greater than right, lower extremities symptoms rated 5/10, thoracic pain rated 6/10, left knee pain rated 5/10, and continued with complaints of left and right shoulder pain. The provider reported a protrusion 3 mm at L4-5 with neural encroachment, radiculopathy refractory to treatment, facet osteoarthropathy L5-S1, thoracic myofascial pain, left knee pain, and bilateral shoulder pain. The injured worker indicated the NSAIDs resulted in 2 to 3 point average decrease in somatic pain and greater range of motion; most notable was in the early hours of the day, especially for achy pain. The injured worker recalled gastrointestinal upset with no proton pump inhibitor; however, the injured worker denied gastrointestinal upset with a proton pump inhibitor at the titrated dose of 3 times a day. The progress report also reported the injured worker had been taking Tramadol ER at 300 mg a day that decreased the pain level to an average of 4 points, as well as Cyclobenzaprine 7.5 mg. The injured worker indicated decreased spasms, an average of 5 hours with resultant improved range of motion, tolerance to exercise, and a decrease in overall pain level 2 to 3 points. The provider indicated the injured worker had been taking Hydrocodone 7.5 mg for breakthrough pain. The Request for Authorization form was not submitted with the medical records. The request is for Anaprox 550 mg #90 for pain, and Protonix 20 mg #90 for gastrointestinal upset due to NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550 MG #90: 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 NSAIDs;Osteoarthritis, neuropathic pain Page(s): 67-68.

Decision rationale: The request for Anaprox 550 mg #90 is not medically necessary. The injured worker has been taking this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain in osteoarthritis. The guidelines also state that there is inconsistent evidence with the use of NSAIDs to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and neuropathic pain. The injured worker has been taking this medication for over 6 months and the guidelines recommend the lowest dose for the shortest period in injured workers with moderate to severe pain regarding NSAIDs. The documentation provided reported the injured worker taking the NSAIDs did result a 2 to 3 point average decrease in somatic pain and a greater range of motion. However, the injured worker has been taking Anaprox for over 6 months. Also, the request does not include the frequency of the medication. Therefore, the request is not medically necessary.

PROTONIX 20 MG #90: 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 and cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg #90 is not medically necessary. The injured worker has been taking Protonix prophylactically to treat his gastrointestinal upset with taking the NSAIDs. The California Chronic Pain Medical Treatment Guidelines recommend for clinicians to determine if an injured worker is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or a high dose/multiple NSAIDs. The injured worker did have an gastrointestinal upset due to the NSAID intake. However, due to the previous request for Anaprox being non-certified, there is not a medical need to warrant Protonix. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.