

<b>Case Number:</b>	CM14-0010663		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational Medicine 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:

Patient is a 57-year-old female who submitted a claim for cervical spine pain, myospasm of the cervical spine, bilateral shoulder pain and strain, bilateral forearm pain and bilateral wrists pain associated with an industrial injury date of 1/19/13. Medical records from 2013 were reviewed which revealed persistent neck and bilateral upper extremities pain. This was accompanied by numbness. Pain radiated to her bilateral wrists and hands. Pain was worsened by increase daily activity. Physical examination of the cervical spine showed tenderness along the cervical posterior paraspinal muscles. Upper extremities examination showed tenderness to distal forearms and bilateral wrists. Range of motion of both shoulders were within normal limits. Impingement sign was negative. Spurling's maneuver was positive. MRI of the cervical spine done on 10/7/13 reported disc bulge with a 3mm posterior disc protrusion at C5-6 with resultant moderate spinal stenosis. There was mild right neuroforaminal narrowing at C4-5, moderate to severe right and mild left neuroforaminal narrowing at C5-6 and mild bilateral neuroforaminal narrowing at C6-7. There was straightening of the cervical spine which may be positional or related to muscle spasm. Treatment to date has included, physical therapy and acupuncture sessions. Medications taken include Flexeril, Anaprox, Prilosec and Protonix. Utilization review from 1/17/14 denied the requests for Anaprox 550mg #60 and Protonix 20mg #30. Anaprox was denied because physical examination findings were suggestive of polyneuropathy. Anti-inflammatory medications are not the first-line treatment for neuropathic pain. Benefit from this medication was not clearly defined therefore it was denied. Regarding Protonix, it was denied because medical necessity of this drug was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIINFLAMMATORY MEDICATIONS Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 46.

**Decision rationale:** As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was prescribed Anaprox, a class of NSAID since at least June 11, 2013. However, based from the progress report dated 1/18/14, patient's pain is neuropathic in nature. In addition, MRI of the cervical spine of the patient reported stenosis at C5-C6 level, which could lead to neuropathic pain. Guidelines do not recommend NSAIDs as first line treatment for neuropathy. Long-term use is likewise not recommended. Medical necessity has not been established. Therefore, the request for Anaprox 550MG #60 is not medically necessary.

**PROTONIX 20MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk 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. Patients with intermediate risk factors should be prescribed proton pump inhibitors. In this case, patient's progress report dated 1/28/14 mentioned that she was given Protonix as gastric protection from NSAID. In addition, progress report dated 11/18/13 mentioned that she was previously prescribed proton pump inhibitor for heartburn. Patient has risk factor for gastrointestinal event. Proton pump inhibitor will be beneficial to patient. Medical necessity has been established. Therefore, the request for Protonix 20 mg #30 is medically necessary.