MAXIMUS Federal Services

Case Number:	CM14-0131144		
Date Assigned:	08/20/2014	Date of Injury:	12/01/2008
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47 year old male who reported injury on 12/01/2008 related to a fall. Diagnoses included chronic low back pain, chronic neck and mid back pain, chronic left rib pain, chronic jaw pain, depression, anxiety, and sleep disturbance. History of elevated liver function tests and probable substance abuse were also noted. The past treatments included rest, medications, physical therapy, multiple epidural steroid injections, and surgery. The injured worker had an EMG in December 2010 and May 2012, confirming chronic lumbar radiculopathy. Surgical history included lumbar fusion in 2011, and revision in 2012. The clinical note dated 07/16/2014 noted the injured worker complained of left neck pain, left shoulder pain, left arm pain, left chest pain, low back pain, and bilateral lower extremity pain. A complaint of constant, sharp, lower extremity pain with numbness was also noted and rated 7-8/10. The injured worker had nausea from medication and abnormal liver function. The physician indicated the injured worker had a positive seated straight leg raise to the left leg, absent reflex to the left ankle, 2+ to the knees and right ankle, and 2/5 strength to the left leg. Medications included Naproxen 550mg every 12hours as needed for pain, paroxetine 20mg daily, tramadol 50mg, Protonix 20mg 2 tablets daily, and gabapentin 600mg three times a day. The treatment plan included an interdisciplinary evaluation for more complex treatment planning, and noted that the injured worker already had an extensive amount of outpatient physical therapy and pain psychology as well as multiple injections and multiple surgeries and he was not a surgical candidate. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; NSAIDs Page(s): 66; 67-68.

Decision rationale: The injured worker had 7-8/10, constant, sharp, lower extremity pain with numbness, and chronic pain to his neck, back chest and jaw. Per the California MTUS guidelines, Naproxen is recommended for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for short term symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain, long-term use. There is a lack of evidence indicating the injured worker had osteoarthritis. The injured worker is documented to have been taking Naproxen for greater than 6 months without adequate documentation of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The submitted request does not indicate the frequency at which the medication is to be used in order to determine the medical necessity of the medication. Given the above, the medication is not indicated at this time. As such, the request is not medically necessary.

Protonix 20mg delayed release #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker was documented to have been taking medications including Naproxen and paroxetine. The California MTUS guidelines recommend the use of PPIs such as Protonix for patients on NSAIDs with increased risk of gastrointestinal complications, and when NSAIDs are combined with SSRIs. There is no indication of risk for gastrointestinal events in the subjective or objective documentation provided. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. As the request for Naproxen is not medically necessary at this time, the need for Protonix would be unfounded. There is no indication that the injured worker has a history of gastrointestinal bleed, peptic ulcer, or perforation. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the medication would not be indicated at this time. As such, the request is not medically necessary.