MAXIMUS Federal Services

Case Number:	CM14-0140477		
Date Assigned:	09/10/2014	Date of Injury:	11/05/2008
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal 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:

The patient is a 58 year old female who was injured on 02/15/2011 when she fell landing on both knees. Prior treatment history has included stellate ganglion block under fluoroscopic guidance on the right on 07/14/2014; cervical facet joint injection at C5-C6 bilaterally and cervical facet arthrogram. Prior medication history included Lyrica 100 mg, Naprosyn 500 mg, Nexium 40 mg, Topamax 50 mg, Imitrex 6 mg, Percocet 10/325 mg, Butrans5 mcg.Progress report dated 04/23/2014 states the patient complained of constant low back pain which is focused to the left of midline and involves her left buttock and hip region. She reported pain in bilateral knees as well. She rated her pain as 6/10 in severity; bilateral knee pain rated as 4/10; and right shoulder pain rated as 1/10. On exam, the lumbar spine revealed decreased range of motion and increased pain with extension maneuvers. There is tenderness and guarding in the lumbar paraspinal musculature. The patient is diagnosed with facet arthropathy at L4-5 and L5-S1 and status post bilateral knee arthroscopies for meniscus tear. Prior utilization review dated 08/14/2014 states the requests for Naprosyn 500mg #60 and Nexium 40mg #30 are denied as they are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: 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 -73.

Decision rationale: The guidelines recommend NSAID therapy for acute or acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs but it is evident the patient has been on the medication longer than the recommended duration. Additionally, the documents did not adequately indicate the patient is having a significant analgesic benefit and improvement in level of functioning from the medication. The request did not include a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Nexium 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 Pain Chapter Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsGI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI

Decision rationale: The guidelines recommend PPI therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition such as GERD or PUD that requires PPI therapy or identify the patient as increased risk for adverse GI events. Additionally, the NSAID is not certified at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.