

Case Number:	CM14-0155650		
Date Assigned:	09/25/2014	Date of Injury:	02/27/2013
Decision Date:	11/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in 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 38-year-old female whose stated date of injury was February 27th 2013. She developed back pain as a consequence of lifting boxes. Subsequently she has been diagnosed with a lumbar radiculopathy, and sprains/strains of the cervical and thoracic regions. An electro myelogram recently showed a bilateral S1 radiculopathy and a chronic L5 left-sided radiculopathy. An MRI scan of the lumbar spine also showed an L5-S1 disc protrusion with encroachment on the S1 nerve root. Her radicular symptoms have resolved. There is documentation recently of a probable biceps tendinitis. The injured worker states that the Naprosyn relieves the pain and helps her get through her day. The treating physician has prescribed Protonix because of the high dose Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Page(s): 22.

Decision rationale: While there is some apparent conflict in the recommendations regarding anti-inflammatory medication, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. In this instance, the anti-inflammatory medications are clearly beneficial for the injured worker. She has also recently developed another condition, possible biceps tendinitis, for which an anti-inflammatory would be appropriate. Therefore, Naproxen Sodium 550mg #90 is medically necessary.

Protonix 20mg #60: Overturned

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, G.I. symptoms, and Cardiovascular Risk, Page(s): 68.

Decision rationale: When prescribing NSAIDs such as Naprosyn, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. They should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this instance, it has been determined that the use of Naprosyn is appropriate. Because the doses utilized can be considered high dose, the use of the proton pump inhibitor Protonix is medically necessary.