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| Case Number: | CM14-0020674 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 10/17/2002 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 50 year-old female with a 10/17/2002 date of injury. According to the 1/17/14 pain management report, she presents with 5/10 neck, and bilateral shoulder pain, and has the diagnoses: myalgia and myositis not otherwise specified. Medications are well tolerated and are reported to be helping. The pain is adequately managed with medications. She takes hydrocodone/APAP 10/325 1-2 q6h, naproxen 550mg #60, and pantoprazole 20mg. The plan was to continue medications, request additional acupuncture and schedule trigger point injections. The patient has been working full duty since 12/28/13. On 2/13/14 UR denied Protonix #60 and Anaprox #60, stating there is no reporting on MTUS risk factors for GI events; and that NSAID are not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX #60: 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 & cardiovascular Page(s): 68-69.

Decision rationale: According to the 1/17/14 pain management report, from the treating physician, the patient presents with 5/10 neck, and bilateral shoulder pain, and has the diagnoses: myalgia and myositis not otherwise specified. On review of the records, Protonix and Anaprox were first prescribed on the 11/22/13, pain was rated at 6/10 at that time, but there was no rationale provided for the Protonix. The available records, go back to 8/2/13 and the most recent is dated 2/14/14. None of the records discuss the MTUS risk factors for GI events that might support use of Protonix on a prophylactic basis, and none of the records discuss current GERD, or dyspepsia from NSAIDs. The use of Protonix is not in accordance with the MTUS guidelines. Therefore, the request is not medically necessary.

ANAPROX #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications - Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: According to the 1/17/14 pain management report, from the treating physician, the patient presents with 5/10 neck, and bilateral shoulder pain, and has the diagnoses: myalgia and myositis not otherwise specified. UR denied the the Anaprox because the date of injury was in 2002 and they state NSAIDs are not recommended for long-term use. However, upon looking at the records, Anaprox was not used on 10/25/13, 8/30/13 or 8/2/13. The first prescription was documented on the 11/22/13 report. Pain levels on 11/22/16 were 6/10, and Anaprox was prescribed along with Protonix. By the 12/19/13 follow-up, pain was 5/10, and the physician notes medication was tolerated well and that the medications are adequately controlling her pain symptoms. The pain levels were stable though the next follow-up on 1/17/14, and the patient was reported to have returned to work full duty on 12/28/13. The Anaprox appears to be helping with pain levels, and return to work. According to the MTUS guidelines, this is a satisfactory response. MTUS does not require discontinuation or weaning of medications that are providing a satisfactory response. MTUS states: "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." Anaprox has not been used for long-term, it was recently started on 11/22/13. It is in accordance with MTUS guidelines. Therefore, the request is medically necessary.