MAXIMUS Federal Services

Case Number:	CM14-0023358		
Date Assigned:	05/12/2014	Date of Injury:	03/26/2004
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Arizona. 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 55 year old male with a date of injury on 3/26/2004. Diagnoses include lumbar sprain/strain, left leg radiculopathy, lumbar myofascial pain syndrome, and right sacroiliac sprain. Subjective complaints are of ongoing low back pain with radiation to left calf and great toe with numbness. Physical exam reveals an antalgic gait, lumbar paraspinal muscle guarding, decreased strength in the left great toe, and positive right seated straight leg raise test. Documentation identifies that the patient has symptoms of gastric upset from pain medications, which were relieved by Protonix. Medical records also identify that NSAID therapy was helpful for the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs Page(s): 67-69.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are

recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in the low back, and documentation shows evidence that NSAIDs were helpful in controlling symptoms. Therefore, the requested Anaprox is medically necessary.

PROTONIX 20MG #60: 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) non-steroidal anti-inflammatory drugs /GI Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPI'S.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age 65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Protonix. For this patient, there is no documented trial of of prevacid or prilosec before moving to a second line medication. Therefore, the medical necessity of Protonix is not medically necessary.

1 GYMNASTIC BALL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back, Exercise.

Decision rationale: The ODG recommends exercise for treatment and for prevention. The ODG also states that while a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. For this patient, the indication for use of more advanced exercise equipment (gymnastic ball) is not identified in the records. Therefore, the request for a gymnastic ball is not consistent with guidelines, and the medical necessity is not medically necessary.