MAXIMUS Federal Services

Case Number:	CM14-0048580		
Date Assigned:	06/25/2014	Date of Injury:	07/10/2012
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics, and is licensed to practice in New York. 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 22 year old woman with a date of injury of 7/10/12. EMG and NCV showed an essentially normal study with no frank evidence of peripheral neuropathy or lumbar radiculopathy involving the lower extremities. A prior CT and MRI of her low back showed L5-S1 disc protrusion. She was seen by her primary treating physician on 1/10/14 with complaints of lumbar spine pain and limited range of motion with no change in subjective complaints or exam. Her diagnoses were lumbar DJD/ disc protrusion and wrist tendonitis. At issue in this review are the prescriptions for anaprox, protonix and norco. The length of prior prescription of these medications is not documented though it is documented that she was taking percocet in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic

modalities including long-term use of narcotics. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status with prior medications or why the NSAID is now indicated. She is also receiving chronic opioid analgesics and the ANAPROX 550MG #60 is not medically necessary.

PROTONIX 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: The injured worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic modalities including long-term use of narcotics. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she is at high risk of gastrointestinal events or that she has any GI symptoms to justify medical necessity of protonix 20mg #30. Treatment is not medically necessary.

NORCO 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: The injured worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic modalities including long-term use of narcotics such as percocet. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The norco 5/325 #60 is denied as not medically necessary.

ANAPROX 550 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: The injured worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic modalities including long-term use of narcotics. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status with prior medications or why the NSAID is now indicated. She is also receiving chronic opiod analgesics and the ANAPROX 550MG #30 is not medically necessary.

NORCO 5/325MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: The injured worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic modalities including long-term use of narcotics such as percocet. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The norco 5/325 #30 is not medically necessary.