

<b>Case Number:</b>	CM14-0051821		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Medicine and Rehabilitation 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 injured worker is a 35-year-old male who reported an injury after he fell 08/16/2011. The clinical note dated 03/07/2014 indicated diagnoses of lumbar disc displacement without myelopathy and unilateral inguinal hernia. The injured worker reported persistent low back pain. He reported great improvements with functional restoration. The injured worker reported he used Naproxen at night; however, he was asking for something for his stomach because occasionally the Naproxen caused gastritis. He has stopped the Gabapentin secondary to stomach and nausea, and has stopped the Effexor because he reported that it was not very effective. On physical examination of the lumbar spine, there were no abnormalities noted. The injured worker's treatment plan included continuing Effexor, Gabapentin, and Buprenorphine. He will have a prescription for Pantoprazole-Protonix, Naproxen Sodium-Anaprox, Capsaicin 0.075, urine drug screen and a gym membership. The clinical note dated 04/17/2014 treatment appeal regarding the Pantoprazole-Protonix, Naproxen Sodium-Anaprox, and Capsaicin the provider noted the injured worker had a plethora of conservative management including physical therapy, home exercise program, acupuncture, chiropractic treatment, and work restriction, but continued to have pain. He also had a lumbar epidural steroid injection and sacroiliac joint injection without much benefit. He had also used Lidoderm patches without much benefit. He had a history of gastritis and did report occasional gastritis with naproxen, and therefore would like to minimize intake of oral NSAIDs. The injured worker noted the topical cream to be beneficial, and used a very small amount of the Capsaicin cream intermittently. Regarding Naproxen, the injured worker utilized this medication for inflammation and pain relief, and he utilized a very low dose intermittently as needed. He did note pain relief and functional improvement with Naproxen, and denied side effects. Regarding Pantoprazole and Protonix, the injured worker had a history of gastritis and had been using Naproxen, which is an NSAID, and did report occasional nausea.

The injured worker used it as needed and was tolerating it well. He denied any side effects with the medication. The injured worker's prior treatments included medication management and Functional Restoration Program. The injured worker's medication regimen included Naproxen Sodium/Anaprox, Buprenorphine, Gabapentin, Venlafaxine, Lidoderm patch, Capsaicin, and Tramadol. The provider submitted a request for pantoprazole-Protonix, Naproxen Sodium-Anaprox, and Capsaicin 0.075. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pantoprazole-Protonix 20mg, 1 to 2 daily, #60.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Pantoprazole-Protonix 20mg, 1 to 2 daily, #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker reports functional improvement with the use of this medication, it is not indicated how long the injured worker has been utilizing this medication. In addition, there is a lack of a pain assessment done by the injured worker. Moreover, the documentation submitted did not indicate the injured worker had perforations or peptic ulcers. Therefore, the request is not medically necessary.

**Naproxen Sodium-Anaprox 550mg 1 every 12 hours, #90.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Naproxen Sodium-Anaprox 550mg 1 every 12 hours, #90 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication. In addition, there is lack of documentation of a quantified pain assessment by the injured worker. Therefore, the request is not medically necessary.

**Capsaicin 0.075 percent Cream #1.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Capsaicin 0.075 percent Cream #1 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Capsaicin is generally available as a 0.025% formulation. The amount of capsaicin in the formulation in the request is excessive. In addition, the documentation submitted did not indicate the worker had findings that would support he was at risk for postherpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. Moreover, there was a lack of a quantified pain assessment done by the injured worker. Furthermore, the request did not indicate a frequency for the Capsaicin. Therefore, the request is not medically necessary.