

Case Number:	CM14-0062384		
Date Assigned:	07/11/2014	Date of Injury:	11/30/2011
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 56 year old patient had a date of injury on 11/30/2011. The mechanism of injury was not noted. In a progress noted dated 4/1/2014, subjective findings included more pain in back and leg. He has more numbness with prolonged sitting and admits to occasional spasm in low back and frequent numbness and tingling in back that radiates to legs. On a physical exam dated 4/1/2014, objective findings included not in acute distress, lumbar extension to 20 degrees and flexion to 35 degrees. Diagnostic impression shows discogenic cervical condition with facet inflammation with radiation to shoulder blade associate with headaches, epicondylitis laterally bilaterally. Treatment to date includes medication therapy and behavioral modification. A UR decision dated 4/22/2014 denied the request for Naproxen 550mg #60, stating guidelines do not support long term use. Lido Pro 4oz was denied, stating topical medications have not been adequately proven with efficacy/safety. Protonix 20mg #60 was denied, stating that no evidence of increased GI upset or bleed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the progress report dated 4/1/2014, there was documented functional improvement noted with the analgesic regimen. In fact, subjectively the patient complains of more pain in back and leg. Furthermore, guidelines do not support long term use. Therefore, the request for Naproxen 550 #60 is not medically necessary.

Lido Pro lotion 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation FDA: Lidopro.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FDA state Lidopro is a combination of Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. In the reports viewed, there was no discussion of intolerance or failure of any 1st line analgesic such as Ibuprofen or Naproxen to justify this use of this topical medication. Therefore, the request for Lidopro lotion 4oz is not 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 Page(s): 68. Decision based on Non-MTUS Citation FDA: Protonix.

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. FDA states that Pantoprazole (Protonix) is indicated for short-term treatment (7 to 10 days) of patients with gastroesophageal reflux disease (GERD) who have a history of irritation of the esophagus. It may be used for

conditions that cause your body to make too much stomach acid (eg, Zollinger-Ellison syndrome). The FDA states that Pantoprazole is a proton pump inhibitor (PPI). It works by decreasing the amount of acid produced in the stomach. In a progress report dated 4/1/2014, the patient is noted to be on Naproxen, an NSAID known to cause gastrointestinal events. Therefore, the request for Protonix 20mg #60 is medically necessary.