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| Case Number: | CM14-0067892 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/26/1999 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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:

This 56 year-old patient sustained an injury on 4/26/1999 while employed by [REDACTED]. Request under consideration include 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets. Diagnoses list Cervical disc displacement/ radiculopathy. MRI of the cervical spine dated 4/24/12 showed annular protrusion with foraminal compromise at C3-4 and C5-6. Conservative care has included cervical epidural steroid injections, chiropractic treatment, physical therapy, medications, and modified activities/rest. Report of 4/23/14 from the provider noted the patient with ongoing cervical radiating pain down the upper extremities, worse on left. It was noted the patient has (unspecified) difficulty tolerating NSAIDs. Medications list Voltaren gel, Ibuprofen, EnovaRX 10% (Ibuprofen cream) and Protonix. The request for 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets were non-certified on 5/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply Protonix tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, online edition Chapter: Pain Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: This 56 year-old patient sustained an injury on 4/26/1999 while employed by [REDACTED]. Request under consideration include 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets. Diagnoses list Cervical disc displacement/ radiculopathy. MRI of the cervical spine dated 4/24/12 showed annular protrusion with foraminal compromise at C3-4 and C5-6. Conservative care has included cervical epidural steroid injections, chiropractic treatment, physical therapy, medications, and modified activities/rest. Report of 4/23/14 from the provider noted the patient with ongoing cervical radiating pain down the upper extremities, worse on left. It was noted the patient has (unspecified) difficulty tolerating NSAIDs. Medications list Voltaren gel, Ibuprofen, EnovaRX 10% (Ibuprofen cream) and Protonix. The request for 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets were non-certified on 5/1/14. Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 month supply Protonix tablets is not medically necessary and appropriate.

1 month supply of Ibuprofen tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: This 56 year-old patient sustained an injury on 4/26/1999 while employed by [REDACTED]. Request under consideration include 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets. Diagnoses list Cervical disc displacement/ radiculopathy. MRI of the cervical spine dated 4/24/12 showed annular protrusion with foraminal compromise at C3-4 and C5-6. Conservative care has included cervical epidural steroid injections,

chiropractic treatment, physical therapy, medications, and modified activities/rest. Report of 4/23/14 from the provider noted the patient with ongoing cervical radiating pain down the upper extremities, worse on left. It was noted the patient has (unspecified) difficulty tolerating NSAIDs. Medications list Voltaren gel, Ibuprofen, EnovaRX 10% (Ibuprofen cream) and Protonix. The request for 1 month supply Protonix tablets and 1 month supply of Ibuprofen tablets were non-certified on 5/1/14. It is unclear why the patient is prescribed 3 concurrent NSAIDs in one oral and 2 topical formulations. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of nonspecific intolerance to NSAIDs as noted by the provider. The 1 month supply of Ibuprofen tablets is not medically necessary and appropriate.