

Case Number:	CM14-0068541		
Date Assigned:	07/14/2014	Date of Injury:	09/09/2009
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 9/9/2009. The mechanism of injury was not listed. The most recent progress note, dated 4/2/2014, indicated that there were ongoing complaints of neck pain and low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated an antalgic gait favoring the left lower extremity. Cervical spine revealed positive tenderness in the posterior cervical musculature and trapezius muscle mostly on the right. There was decreased range of motion of the right shoulder when compared to the left. Lumbar spine had positive tenderness to palpation to the posterior lumbar musculature with increased muscle rigidity. Numerous trigger points were palpable and tender. There was a well healed scar. There was also decreased lumbar range of motion. Left lower extremity muscle strength was 4+/5. There was decreased sensation along the posterior lateral thigh and calf bilaterally in the L5-S1 dermatome. No recent diagnostic studies are available for review. Previous treatment included physical therapy, acupuncture, medications, epidural steroid injections, and conservative treatment. A request had been made for naproxen 500 mg #60 and Protonix 20 mg #60 and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

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

Decision rationale: Naproxen is recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. After review of the medical documentation provided, the injured worker does not have a diagnosis associated with osteoarthritis. Therefore, this request is deemed not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of gastrointestinal distress, which would require proton pump inhibitor treatment. As such, this request is not considered medically necessary.