

<b>Case Number:</b>	CM14-0072620		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and prior epidural steroid injection therapy at L4-L5 and L5-S1 on February 21, 2014. In a Utilization Review Report dated May 19, 2014, the claims administrator approved request for tramadol and Norflex, partially approved request for naproxen and Protonix, and denied request for multilevel epidural steroid injection therapy. The claims administrator stated that the applicant was exploring a lumbar fusion surgery as of a progress note dated May 2, 2014 and that a second series of epidural steroid injection was being sought prior to consideration of the same. The applicant was not working, however, the utilization reviewer reiterated. The applicant was given refills of tramadol, naproxen, Protonix, and Norflex, the utilization reviewer suggested. The applicant's attorney subsequently appealed. In a January 26, 2014 progress note, the applicant presented with persistent complaints of low back pain. Additional physical therapy was sought. Cyclobenzaprine, tramadol, naproxen, Protonix, and Xanax were endorsed. The applicant's work status was not provided. In a field case management note dated February 7, 2014, it was stated that the applicant was not working and was on total temporary disability, per her attending provider. In a January 22, 2014 progress note, the applicant was placed off of work, on total temporary disability, while epidural steroid injection therapy was sought. On January 22, 2014, the applicant's treating provider suggested that Protonix is being employed for gastric protective purpose as opposed to for active symptoms of dyspepsia. In handwritten work status reports dated March 7, 2014 and April 14, 2014, the applicant was again placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing usage of naproxen. Ongoing usage of naproxen has failed to diminish the applicant's dependence on other agents, including Neurontin, tramadol, and Flexeril, it was suggested on a September 18, 2013 progress note. All of the above, taken together, suggest that ongoing usage of naproxen has failed to generate any lasting benefit or functional improvement as defined in MTUS. Therefore, the request is not medically necessary.

**Protonix 20mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

**Decision rationale:** The attending provider indicated on a progress note dated January 22, 2014 that Protonix was being employed for gastric protective purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, those applicants who are at heightened risk for adverse gastrointestinal events include those individuals who are age 65 years of age or greater and are using NSAIDs, those individuals who have a history of GI bleeding, peptic ulcer disease, and/or perforation, those individuals who are concurrently using NSAIDs and corticosteroids, and/or those individuals who are using multiple NSAIDs. In this case, however, the applicant is seemingly using only one NSAID, naproxen. The applicant is 54 years old. The applicant does not appear to be using NSAIDs in conjunction with corticosteroids. Prophylactic provision of Protonix is not, consequently, indicated here. Therefore, the request is not medically necessary.

**Lumbar epidural injection L3-4 qty 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two nerve roots should be injected using transforaminal blocks. In this case, the attending provider has concurrently sought authorization for epidural steroid injection at three levels, L3-L4, L4-L5. The attending provider's request, thus, is seemingly at odds with the MTUS position on the trilevel epidurals steroid injection being sought here. No rationale for this particular block was proffered by the attending provider. Therefore, the request is not medically necessary.

**Lumbar epidural injection L4-5 Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroids topic Page(s): 46.

**Decision rationale:** The request in question represents a repeat block as the applicant already had a prior block on February 21, 2014, per the claims administrator. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS despite completion of at least one prior block. Therefore, the request is not medically necessary.

**Lumbar epidural injections L5-S1 Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** The request in question represents a repeat epidural block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the fact that the applicant is off of work, on total temporary disability, despite at least one prior epidural steroid injection, suggests a lack of functional improvement as defined in MTUS despite the same. Therefore, the request is not medically necessary.

