

<b>Case Number:</b>	CM14-0080787		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/13/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 67-year-old female who reported an injury; however, the mechanism of injury is unknown on 01/13/1999. On 01/02/2014, her diagnoses included thoracic/lumbar radiculitis, radiculopathy, shoulder sprain/strain, and internal derangement of the knee. The treatment plan included a lumbar spine injection, physical therapy, and acupuncture. On 08/13/2013, her medications included Prilosec 20 mg, and Naproxen as well as Vicodin of unknown dosages. There was no rationale or Request for Authorization included in this chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Naprelan Package Insert.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-73. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend

"NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain." The guidelines further state that "there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Naproxen is recommended for the treatment of osteoarthritis or spondylitis." The submitted documentation revealed that this worker had been taking naproxen since 08/13/2013, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for Naproxen Sodium 550mg #90 is not medically necessary.

**Hydrocodone/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Opioids criteria for use : when to discontinue opioids, when to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-95. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend "ongoing review of opioids use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, the intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems." There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency specified in the request. Without frequency, the morphine equivalency dosage cannot be calculated. Therefore, this request for Hydrocodone/APAP 10/325mg #90 is not medically necessary.

**Pantoprazole DR 20mg #60:** Upheld

**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 NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk, pages 68-69. The Expert Reviewer's decision rationale: The California MTUS Guidelines suggest that "proton pump inhibitors, which include pantoprazole, may be recommended but clinicians should weight the indications for NSAIDs against the GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAID use. Pantoprazole is recommended for the treatment of gastroesophageal reflux disease and damage to the esophagus (esophagitis, helicobacter infections, and high levels of acid in the stomach caused by tumors)." The injured worker does not have any of the above diagnoses, and other than being over age 65, she did not meet any of the other qualifying criteria for risk factors for gastrointestinal events. Additionally, the request did not specify a frequency of administration. Therefore, this request for Pantoprazole DR 20mg #60 is not medically necessary.