

Case Number:	CM14-0097600		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2013
Decision Date:	12/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 injured worker is a male with date of injury 8/1/2013. Per primary treating physician's narrative report dated 6/9/2014, the injured worker complains of lower back pain, headaches, bilateral shoulder pain with stiffness, trouble moving neck due to pain, left foot soreness, left knee pain, and constant dizziness. On examination cervical spine was tender with muscle spasm at levels C2-7. Lumbar spine was tender with muscle spasms at levels L1-5. Thoracic spine was tender with muscle spasms at levels T1-3. Romberg is positive. Diagnoses include 1) cervical/thoracic/lumbar spine sprain/strain 2) lumbar spine radiculopathy 3) vertigo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as pantoprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. The medical reports indicate that the injured worker has been prescribed NSAIDs and pantoprazole since at

least 2/2014, and there has not been a report of any risk or history of gastrointestinal events. The request for Pantoprazole 20mg # 60 is determined to not be medically necessary.

Naproxyn Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. NSAIDs have been used since 2/2014 without any report of efficacy of the NSAID use. The request for Naproxyn Sodium 550mg #90 is determined to not be medically necessary.