MAXIMUS Federal Services

Case Number:	CM14-0193425		
Date Assigned:	12/01/2014	Date of Injury:	02/18/2012
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with ADF injury of February 18, 2012. A utilization review determination dated October 22, 2014 recommends denial of Mobic 15 mg #30 and Protonix 40 mg #30. A progress note dated August 29, 2014 identifies subjective complaints of pain level of 7 out of 10, low back pain that radiates to the mid back and neck, and he describes the pain as constant, aching, burning, stabbing, sharp, throbbing, electrical, shooting, tingling, knifelike, jabbing, cramping, deep, and pressure. The patient reports that his pain is increased with activity, cold weather, at rest, while bending, while lifting, while sitting, while standing, while turning, while twisting, with movement, and with application of ice. The physical examination reveals stiffness and tenderness of the neck and lumbar region, tenderness over bilateral sacroiliac joints, tenderness over bilateral lumbar facets, and straight leg raise test is positive bilaterally. Strength of hip flexors, quadriceps, and with dorsiflexion is 3/5 bilaterally. Sensation of bilateral L3, L4, and L5 is diminished. The diagnoses include lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, diabetes type II, thoracic/lumbosacral radiculitis, major depressive disorder, post laminectomy syndrome of the lumbar region, and lumbosacral degeneration of intervertebral disc. The treatment plan recommends a request for authorization for a left L5-S1 lumbar epidural steroid injection, and oxycodone 5mg was discontinued and the patient is to continue with the pain medications prescribed by a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Mobic 15mg #30, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Mobic is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Mobic 15mg #30 is not medically necessary.

Protonix 40mg #30: 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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Protonix 40mg #30, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix 40mg #30 is not medically necessary.