

Case Number:	CM14-0214075		
Date Assigned:	01/29/2015	Date of Injury:	07/16/2010
Decision Date:	04/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 53-year-old female with an injury date of 07/16/10. Based on the 08/25/14 progress report, the patient complains of low back pain which is exacerbated by standing erect and spending a long time walking. In regards to her lumbar spine, she has decreased lordosis, positive facet loading, and spasm/guarding. The 10/20/14 report indicates that she has depression and describes her pain as a dull ache that is axial in nature, rating it as a 7/10. She has pain with axial loading of the facet joints, bilaterally. The 11/20/14 report states that the patient has numbness in her right great toe and rates her low back pain as a 6/10. The patient's diagnoses include the following: 1) sciatica; 2) unspecified major depression, recurrent episode; 3) stenosis spinal lumbar; 4) lumbar disc displacement without myelopathy; 5) syndrome postlaminectomy lumbar- s/p hemilaminectomy L4-L5 around 2000 6) degeneration lumbar lmb sac di; 7) disorders sacrum. The utilization review determination being challenged is dated 12/02/14. Treatment reports are provided from 07/28/14- 02/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20 mg 1 tab BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: The patient presents with low back pain and numbness in her right great toe. The request is for PANTOPRAZOLE (PROTONIX) 20 MG 1 TAB BID #60. The utilization review denial letter did not provide a rationale. She has been taking Protonix since 07/28/14. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has been taking this medication as early as 07/28/14. The 09/28/14 report states that the patient requires Pantoprazole for her GI prophylaxis. The patient is currently taking Naproxen and Prozac. In this case, the patient benefits from Pantoprazole. Therefore, the requested Pantoprazole IS medically necessary.

Fluoxetine (Prozac) 20 mg #30 1 tab QD: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: The patient presents with low back pain and numbness in her right great toe. The request is for FLUOXETINE (PROZAC) 20 MG #30 1 TAB OD. There is no utilization review determination rationale provided. In regards to her lumbar spine, she has decreased lordosis, positive facet loading, and spasm/guarding. She has been taking this medication since 07/28/14. Regarding Prozac (Fluoxetine), MTUS page 13-15 states, "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain... Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)." The 07/28/14 report states that the patient "continues to have depression that was responsive to SSRI however she has run out of Fluoxetine." The 10/20/14 report indicates that the patient has depression, which Fluoxetine is indicated for. Therefore, the request IS medically necessary.

Capsaicin 0.075 percent cream TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with low back pain and numbness in her right great toe. The request is for CAPSAICIN 0.076 PERCENT CREAM TID #1 for low back pain flare-up. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The request is for Capsaicin 0.075% cream, which is not supported by MTUS Guidelines. Therefore, the requested Capsaicin 0.075% cream IS NOT medically necessary.

Naproxen Sodium (Anaprox) 550 mg 1 tab BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The 12/2/14 Utilization Review letter states the Naproxen sodium (Anaprox) 550mg, 1 tab bid, #90 requested on the 11/20/14 medical report was denied because it was previously denied on 10/7/14, but there was no rationale provided on the 12/2/14 letter. The 10/07/014 UR letter was not provided for review. According to the 11/20/14 medical report, the naproxen was being used on an as-needed basis for acute pain exacerbations, and when the patient takes it, it reduces pain by 50% and allows her to do more house chores such as laundry. Naproxen sodium is an anti-inflammatory medication. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 for Naproxen shows the dosage for Anaprox as: Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. The number of tablets dispensed or prescribed for the one month supply appears to be the issue here. The use of naproxen appears to be in accordance with MTUS guidelines at naproxen 550mg, twice a day. This would be #60 tablets for a month's supply. However, the request as provided to IMR, is for #90 tablets and there was no rationale for provided #30 more tablets than necessary. MTUS does not recommend using over 1100mg of Anaprox/naproxen for over 1-day. The IMR process does not allow for partial certification,

therefore, the request as written, for #90 tablets is not in accordance with MTUS recommendations. The request for Naproxen sodium (Anaprox) 550mg, 1 tab bid, #90 IS NOT medically necessary.