

Case Number:	CM15-0005303		
Date Assigned:	02/17/2015	Date of Injury:	08/03/2009
Decision Date:	03/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 8/3/2009. He has reported low back pain, developing neck symptoms associated with numbness and tingling of bilateral upper extremities, status post lumbar spine laminectomy and laminotomy surgery 2012. The diagnoses have included multilevel degenerative disc and spondylitic disease, cervical disc protrusion, radiculitis, and cervical myofascial pain, and failed back surgery syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), other medication therapy, steroid injection, physical therapy, acupuncture and failed spinal cord stimulator trial. Currently, the IW complains of back pain with radiation to lower extremities. Physical examination from 12/16/14, documented lumbosacral pain to axial loading, positive Waddell's sign, positive rotation test and muscle guarding. On 12/11/2014 Utilization Review non-certified Protonix 20mg #60 and Naproxen 500mg #60, noting the documentation did not support medical necessity. The MTUS and ODG Guidelines were cited. On 1/9/2015, the injured worker submitted an application for IMR for review of Protonix 20mg #60 and Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest he was at an elevated risk for gastrointestinal events to justify chronic use of Protonix, which carries with it long-term side effects. Also, considering the reviewer's opinion that chronic NSAID use is also not recommended for this worker, the Protonix will be considered medically unnecessary.

Naproxen 50mg, #60: 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 NSAIDS Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, although he reported that his "medications" help to alleviate his symptoms, there was insufficient reporting seen in the documentation on any measurable functional gains or pain reduction directly related to his regular naproxen use independently. Also, the chronic use of NSAID carries with it significant risks over the longer-term, particularly since the worker already has a high risk of cardiovascular risk (smoking, obese), and since there was no specific end date mentioned, suggesting the provider intended to continue naproxen indefinitely, the naproxen, in the opinion of the reviewer, would be medically unnecessary to continue.