

Case Number:	CM15-0140530		
Date Assigned:	07/30/2015	Date of Injury:	04/18/2001
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 74-year-old female, who sustained an industrial injury on 4-18-2001. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral fusion, lower extremity radiculopathy, lumbar 3-4 adjacent segment degeneration, left sacroiliac joint dysfunction and chronic intractable pain. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, therapy and medication management. In a progress note dated 6-5-2015, the injured worker complains of left hip pain with medication was 3 out of 10 and without was 8 out of 10 and dyspepsia with medication use. Physical examination was not provided. The treating physician is requesting Anaprox 550 mg #60 and Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, injured worker's working diagnoses are lower extremity radiculopathy; L3 - L4 adjacent segment degeneration; left sacroiliac joint dysfunction; status post L4 - S1 fusion 2001; and chronic intractable pain. The date of injury is April 18, 2001. Request for authorization is June 26, 2015. The earliest progress note in the medical record containing Anaprox and Protonix is dated February 10, 2015. Additional medications include Norco, Cymbalta and antihypertensives. According to progress note dated June 5, 2015, the injured worker has subjective complaints of left hip pain that radiates down the left lower extremity with a pain score of 3/10 with medications. The worker complains of dyspepsia with medications. Objectively, there is no physical examination in the progress note documentation. The treatment plan states "refill medications". Utilization review states Anaprox and Protonix were prescribed as far back as October 2014. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Anaprox has been continued in excess of eight months without tapering. There is no documentation demonstrating objective functional improvement to support ongoing Anaprox. Consequently, absent clinical documentation with evidence of tapering and documentation demonstrating objective functional improvement to support ongoing Anaprox 550 mg, Anaprox 550mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, Protonix 20mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, injured worker's working diagnoses are lower extremity radiculopathy; L3 - L4 adjacent segment degeneration; left sacroiliac joint dysfunction; status post L4 - S1 fusion 2001; and chronic intractable pain. The date of injury is April 18, 2001. Request for authorization is June 26, 2015. The earliest progress note in the medical record containing

Anaprox and Protonix is dated February 10, 2015. Additional medications include Norco, Cymbalta and antihypertensives. According to progress note dated June 5, 2015, the injured worker has subjective complaints of left hip pain that radiates down the left lower extremity with a pain score of 3/10 with medications. The injured worker complains of dyspepsia with medications. Objectively, there is no physical examination in the progress note documentation. The treatment plan states "refill medications". Utilization review states Anaprox and Protonix were prescribed as far back as October 2014. There are no comorbid conditions or risk factors suggestive of a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Additionally, Anaprox (supra) is not medically necessary. Protonix is a second line proton pump inhibitor. There is no documentation of first- line proton pump inhibitor treatment and failure. Consequently, absent clinical documentation with evidence of comorbid or risk factors for gastrointestinal events and evidence of first-line proton pump inhibitor treatment failure, Protonix 20mg #60 is not medically necessary.