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| <b>Case Number:</b>   | CM15-0166448 |                              |            |
| <b>Date Assigned:</b> | 09/04/2015   | <b>Date of Injury:</b>       | 09/06/2014 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 07/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2015 |

### 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  
 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 injured worker is a 49 year old male, who sustained an industrial injury on 9-6-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation and left greater than right radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-14-2015, the injured worker complains of low back pain and spasm with pain in the left leg. Physical examination showed lumbar paraspinal tenderness and the injured worker walked with a limp. The treating physician is requesting Protonix 20mg #60 and Naproxen 550 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient was injured on 09/06/14 and presents with low back pain with spasms and pain in the left leg. The request is for PROTONIX 20 MG #60 for upset stomach. The utilization review rationale is that "this patient is not at intermediate risk of GI event." There is no RFA provided and the patient is not currently working. He has been taking this medication as early as 06/02/15. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1) Age greater than 65. 2) History of peptic ulcer disease and GI bleeding or perforation. 3) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4) High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with discogenic lumbar condition with facet inflammation and left greater than right radiculopathy. As of 07/14/15, the patient is taking Flexeril, Tramadol, and Naproxen. Given that the patient is taking NSAIDs and has stomach upset, the requested Prilosec appears reasonable. Use of PPIs is indicated for stomach issues, as this patient presents with. Therefore, the requested Protonix is medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient was injured on 09/06/14 and presents with low back pain with spasms and pain in the left leg. The request is for NAPROXEN 550 MG #60 for inflammation. There is no RFA provided and the patient is not currently working. He has been taking this medication as early as 06/02/15. MTUS Guidelines, Anti-inflammatory, page 22 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." The patient has tenderness across the lumbar paraspinal muscles, walks with a slight limp, and has pain along facets, pain with facet loading, and pain along the sacroiliac joint on the left side. He is diagnosed with discogenic lumbar condition with facet inflammation and left greater than right radiculopathy. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen is not medically necessary.