

Case Number:	CM15-0182404		
Date Assigned:	09/24/2015	Date of Injury:	11/05/2012
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male who sustained an industrial injury on November 05, 2012. An initial pain management follow up dated August 10, 2015 reported current medication regimen consisted of: Trazadone, naproxen, Gabapentin, omeprazole, and Norco. The following diagnoses were applied: post laminectomy syndrome, and chronic left L5 radiculopathy. There was noted discussion regarding intervention and or treatment with note of: "failed back surgery, desirous of further improvement", he is a poor candidate for surgery and instead "we need to instruct him on inappropriate fear avoidance behaviors and self-directed efforts at rehabilitation and limitation of his daily use of analgesic medications." Follow up visit dated February 10, 2015 reported chief subjective complaint of "ongoing low back pain and bilateral leg radiculopathy." "He feels that pain is better than before surgery." "He feels left leg pain is different that prior to surgery." "He feels right leg pain is worse." The plan of care is with recommendation to switch providers for ongoing pain management; pending aquatic therapy authorization and continue medications (Gabapentin, Norco, Naproxen). Current medication regimen at follow up January 26, 2015 reported: lorazepam, Omeprazole, Ambien, Gabapentin, Norco, Tramadol, Medrol, Sumatriptan, and Trazadone. On August 12, 2015 a request was made for the following medications: Norco 10mg 325mg #120; Protonix DR 20mg #30, and Naproxen sodium 550mg #60 which were noted denied due to: insufficient documentation offering narrative description of pain levels, increased function. In addition, there was no subjective complaint of gastric irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in November 2012 as the result of a fall through the roof of a building. He was seen for an initial evaluation by the requesting provider on 08/10/15. He was having low back pain with left lower extremity radiating symptoms to the buttock and thigh. VAS pain scores were not recorded. There was a history of gastric reflux. Current medications included Norco, Naprosyn, and omeprazole. Physical examination findings included decreased lumbar room with positive left straight leg raising with normal strength, sensation, and reflexes. Diagnoses were post-laminectomy syndrome and chronic left L5 radiculopathy. Authorization for a functional restoration program evaluation was requested. Medications at issue are Norco, Naprosyn, and Protonix. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations. However, the claimant had been taking this medication when it was prescribed and there was no assessment in terms of ongoing efficacy and he has a history of gastritis. It is not medically necessary.

Norco 10/325mg #120: 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): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in November 2012 as the result of a fall through the roof of a building. He was seen for an initial evaluation by the requesting provider on 08/10/15. He was having low back pain with left lower extremity radiating symptoms to the buttock and thigh. VAS pain scores were not recorded. There was a history of gastric reflux. Current medications included Norco, Naprosyn, and omeprazole. Physical examination findings included decreased lumbar room with positive left straight leg raising with normal strength, sensation, and reflexes. Diagnoses were post-laminectomy syndrome and chronic left L5 radiculopathy. Authorization for a functional restoration program evaluation was requested. Medications at issue are Norco, Naprosyn, and Protonix. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or

breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there was no documentation that this medication was currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. Prescribing Norco is not medically necessary.

Protonix Dr 20mg #30: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in November 2012 as the result of a fall through the roof of a building. He was seen for an initial evaluation by the requesting provider on 08/10/15. He was having low back pain with left lower extremity radiating symptoms to the buttock and thigh. VAS pain scores were not recorded. There was a history of gastric reflux. Current medications included Norco, Naprosyn, and omeprazole. Physical examination findings included decreased lumbar room with positive left straight leg raising with normal strength, sensation, and reflexes. Diagnoses were post-laminectomy syndrome and chronic left L5 radiculopathy. Authorization for a functional restoration program evaluation was requested. Medications at issue are Norco, Naprosyn, and Protonix. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant was taking naproxen and has a history of gastrointestinal upset. However, Protonix (pantoprazole) is not a first-line agent and the claimant had previously been taking omeprazole which is a recommended first-line medication. The request is not medically necessary.