

Case Number:	CM15-0185778		
Date Assigned:	09/25/2015	Date of Injury:	07/13/2012
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California

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 59 year old male, who sustained an industrial injury on 7-13-2012. The medical records indicate that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, and myalgia and myositis. According to the progress report dated 8-20-2015, the injured worker presented with complaints of low back pain with radiation into the right leg. The pain is described as aching, dull, sharp, and stabbing. On a subjective pain scale, he rates his pain 4 out of 10. The progress note dated 7-23-2015, he rated his pain 3 out of 10. The physical examination (8-20-2015) of the lumbar spine reveals tenderness and spasm to palpation over the right paravertebral muscles, restricted and painful range of motion, positive facet loading on the right, and positive straight leg raise test bilaterally. The current medications are Hydrocodone-Acetaminophen, Naproxen, Senokot, Pantoprazole, and Nabumetone. There is documentation of ongoing treatment with Naproxen and Pantoprazole since at least 6-18-2015. Previous diagnostic studies were not indicated. Treatments to date include medication management and medial branch block (80% relief). Work status is described as temporarily totally disabled. The original utilization review (8-31-2015) had non-certified a retrospective request for Naproxen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sodium 550 mg #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).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. For this reason, the claimant was on prophylactic Pantoprazole. Continued use of Naproxen is not medically necessary.

Retrospective request for Pantoprazole 20 mg tab #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: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Pantoprazole for over a year with Naproxen use. The continued use of Naproxen is not necessary. Therefore, the continued use of Pantoprazole is not medically necessary.