MAXIMUS Federal Services

Case Number:	CM15-0186899		
Date Assigned:	09/28/2015	Date of Injury:	03/11/2013
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This injured worker is a 52 year old female who reported an industrial injury on 3-11-2013. Her diagnoses, and or impressions, were noted to include: lumbosacral disc desiccation and Modic type II end-plate degenerative changes; lumbar disc herniation causing spinal canal stenosis and facet hypertrophy with bilateral neural foraminal narrowing; Hemangioma at lumbar 5; decreased lumbar lordosis with restricted range-of-motion; Schmorf's node at lumbar 2-3; thoracolumbar disc herniation. Recent magnetic imaging studies of the cervical and lumbar spine were done on 4-6-2015, noting abnormal findings; recent electrodiagnostic studies of the lower extremities were said to be done on Aug., 2015 with report pending; and recent toxicology studies were noted on 7-10-2015. Her treatments were noted to include: medication management with toxicology studies; and rest from work. The progress notes of 7-10-2015 were hand written and difficult to decipher, but noted to report subjective complaints which included the cervical and lumbar spine, and that the injured worker requested medications. The objective findings were noted to include: cervical spine pain, tender, limited and painful range-of-motion; lumbar spine tender, pain, limited; and positive impingement. The physician's requests for treatment were noted to include regular medications. The Request for Authorization, dated 8-17-2015, was noted for Pantoprazole 20 mg, #60, 30 day supply retro RFA 7-10-2015; and Nabumetone 750 mg, #60, 30 day supply retro RFA 7-10-2015. The Utilization Review of 9-10-2015 non-certified the retroactive requests for Pantoprazole 20 mg, 1 tablet twice a day, #60; and Nabumetone 750 mg, 1 tablet twice a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Nabumetone 750mg 1 tab twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 an unknown length of time. Pain scores were not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Nabumetone is not medically necessary.

Retrospective review of Pantoprazole 20mg 1 tab twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Pantoprazole is not medically necessary.