

<b>Case Number:</b>	CM15-0198317		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 51 year old female, who sustained an industrial injury on 4-17-14. The injured worker was diagnosed as having cervical radiculitis and lumbar radiculitis. Medical records (12-18-14 through 3-23-15) indicated increasing (4-8 out of 10) pain in the neck and lower back. The physical exam (12-18-14 through 3-23-15) revealed "decreased" cervical and lumbar range of motion and a negative straight leg raise test. As of the PR2 dated 5-27-15, the injured worker reports constant pain in her neck, bilateral shoulders and lower back. She rates her pain 8-10 out of 10. Objective findings include decreased cervical and lumbar range of motion, a positive straight leg raise test bilaterally and a positive Hawkin's and Neer's sign in the shoulders. The treating physician started the injured worker on Anaprox, Protonix, Fexmid and Ultram. Treatment to date has included physical therapy and chiropractic treatments (number of sessions not provided) and Motrin. The treating physician requested retrospective Anaprox 550mg #60 and retrospective Protonix 20mg #60. The Utilization Review dated 9-14-15, non-certified the request for retrospective Anaprox 550mg #60 and retrospective Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Anaprox 550mg #60 (dispensed) 5/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26, page 60 and 67 of 127 This claimant was injured now over a year ago. There is neck and back pain. Past treatments have included NSAIDs like Motrin. There is no mention of gastrointestinal upset. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

**Retrospective Protonix 20mg #60 (dispensed) 5/27/2015:** 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:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 68 of 127 This claimant was injured now over a year ago. There is neck and back pain. Past treatments have included NSAIDs like Motrin. There is no mention of gastrointestinal upset. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.