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| Case Number: | CM15-0206025 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 10/23/1988 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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, Hawaii
 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 69 year old female, who sustained an industrial injury on October 23, 1988. She suffered an injury to her left temple area, left side of her head, neck and body. The injured worker was currently diagnosed as having cervical radiculopathy, chronic pain other, lumbar radiculopathy, fibromyalgia, depression, medication related dyspepsia, TMJ and opioid intolerance. Treatment to date has included diagnostic studies, acupuncture, and medication. Naproxen medication was included in the treatment plan dated December 4, 2013. On January 29, 2015, notes indicated specific medications tried and failed in the past to include Cymbalta, Gabapentin, hydrocodone, ibuprofen, Naproxen, Neruontin, Norco and Prozac. On September 14, 2015, the injured worker complained of neck pain radiating down the bilateral upper extremities along with frequent muscle weakness and spasms in the neck area. She complained of pain radiating down the left lower extremity accompanied by muscle weakness frequently in the lower extremity. She also reported upper extremity pain, lower extremity pain, ongoing temporal headaches, worsened left TMJ symptoms, medication associated gastrointestinal upset and episodic nausea. The pain was rated as an 8 on a 1-10 pain scale with medications and a 10 on the pain scale without medications. Her pain was reported to be improved since her last exam visit. On the day of exam, current medications included naproxen sodium, pantoprazole, Azithromycin, montelukast sodium, Prednisone, promethazine and zolpidem tartrate. The treatment plan included a follow-up visit, follow-up with dentist for left TMJ management, renewal of Lidoderm patch, renewal of Naproxen and renewal of Pantoprazole. On October 12,

2015, utilization review denied a request for Naproxen 550mg #60 and Pantoprazole DR 20mg #30. A request for follow up with dentist regarding TMJ was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Overturned

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: The patient presents with neck pain radiating down the bilateral upper extremities along with frequent muscle weakness and spasms in the neck area. The current request is for Naproxen 550mg, #60. The treating physician states, in a report dated 09/14/15, "Naproxen Sodium 550 Mg Tab SIG: take 1 tablet by mouth twice a day take with food QTY: 60.00" (34B) MTUS guidelines pg 22 do recommend NSAIDs, "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." In this case, the treating physician, based on the records available for review, states "Renew as previously prescribed. Beneficial with intended effect at prescribed dose" (34B) and "patient's pain is reported as improved since her last visit." (30B) As the patient is improving and the current prescription is supported by MTUS, the current request is medically necessary.

Pantoprazole DR 20mg, #30: Overturned

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

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

Decision rationale: The patient presents with neck pain radiating down the bilateral upper extremities along with frequent muscle weakness and spasms in the neck area. The current request is for Pantoprazole DR 20mg, #30. The treating physician states, in a report dated 09/14/15, "Pantoprazole Sod DR 20 Mg Tab SIG: take 1 by mouth daily QTY: 30.00." (35B) The MTUS guidelines state, "Determine if the patient is at risk for gastrointestinal events: (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). In this case, the treating physician, based on the records available for review, notes that the patient is 68 years old and has reported medication associated gastrointestinal upset." (30B) The treating physician states that the Naproxen the patient is taking is "beneficial with intended effect" and that the patient's pain is reported as improved since her last visit. (30B) As such, the current request is medically necessary.