

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0028279 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 08/28/2014 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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: Utah, Arkansas

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 43 year old female, who sustained an industrial injury on August 28, 2014. She reported an injury which occurred when she was lifting a patient. The diagnoses have included lumbar disc herniation and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic therapy, medication, diagnostic testing. Currently, the injured worker complains of continued back pain. On examination she exhibited guarding of the lumbar spine, tenderness to palpation of the paralumbar musculature, decreased range of motion of the lumbar spine and a negative straight leg raise. She has episodes of tingling in her legs and her pain increases with prolonged standing. She reports that her physical therapy, chiropractic therapy and medications relieve the pain. On January 14, 2015 Utilization Review non-certified a request for Anaprox / naproxen 550 mg #60, tramadol 50 mg, Protonix 20 mg #30, noting that there is a lack of evidence indicating the efficacy of the Anaprox/naproxen, the timeframe of the efficacy, the efficacy of functional status that the medication provides and the pain rating pre/post medication; noting that there is a lack of functional improvement noted related to the use of Tramadol and the documentation does not indicate the frequency of the medication or the quantity; and noting that there is no documentation of a history of gastrointestinal issues. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Anaprox / naproxen 550 mg #60, tramadol 50 mg, Protonix 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox versus Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Anaprox vs. Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is indicated a medical necessity to the patient at this time.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (proton pump inhibitors) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Protonix. According to the clinical

documents, there is no documentation that the patient has a history of gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. The use of Protonix, as stated in the above request, is determined not to be a medical necessity at this time.