

Case Number:	CM15-0029097		
Date Assigned:	02/23/2015	Date of Injury:	03/30/2013
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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
 Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on March 31, 2013. He has reported feeling a pop and immediate low back pain. His diagnoses include herniated nucleus pulposus of the lumbar spine. He has been treated with acupuncture, x-rays, physical therapy, epidural steroid injections, radiofrequency ablation, and medications including a pain, proton pump inhibitor, and a muscle relaxant. On December 3, 2014, his treating physician reports constant, aching low back pain, worse on the right side. The pain radiated down the bilateral legs to the ankles. He has an upset stomach when taking all of his medications. The physical exam revealed mildly decreased range of motion of the lumbar spine, difficulty with heel and toe walking bilaterally, 50% squat, limps on the right, normal knee reflexes, negative bilateral seated and supine straight leg raising at 60 degrees, able to sit up from exam table without difficulty, mildly decreased sensation in the bilateral sacral 1 dermatome, and normal muscle strength. On February 4, 2015, his treating physician reports low back pain with radiation down the bilateral legs. His pain is rated 6/10 without medications and 8/10 with medications. The physical exam revealed tenderness over the lumbar spine, sitting straight leg raise was mildly positive, and mildly decreased range of motion of the lumbar spine. Current medications include two analgesics and a muscle relaxant. On February 17, 2015, the injured worker submitted an application for IMR for review of a prescription for 60 tablets of Motrin 800mg and 60 tablets of Protonix 20mg. The Motrin was non-certified based on the lack of documentation of functional therapeutic gains in the ongoing use of this medication and if this is the lowest dose for the shortest period of time for this patient. The Protonix was non-certified based on the lack

of documentation of the patient having a history of or risk of gastrointestinal events. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested 60 Tablets of Motrin 800mg, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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."The injured worker has constant, aching low back pain, worse on the right side. The pain radiated down the bilateral legs to the ankles. He has an upset stomach when taking all of his medications. The physical exam revealed mildly decreased range of motion of the lumbar spine, difficulty with heel and toe walking bilaterally, 50% squat, limps on the right, normal knee reflexes, negative bilateral seated and supine straight leg raising at 60 degrees, able to sit up from exam table without difficulty, mildly decreased sensation in the bilateral sacral 1 dermatome, and normal muscle strength. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, 60 Tablets of Motrin 800mg is not medically necessary.

60 Tablets of Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 8-69.

Decision rationale: The requested 60 Tablets of Motrin 800mg, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant, aching low back pain, worse on the right side. The pain radiated down the bilateral legs to the ankles. He has an upset stomach when taking all of his medications. The physical exam revealed mildly decreased range of motion of the lumbar spine, difficulty with heel and toe walking bilaterally, 50% squat, limps on the right, normal knee reflexes, negative bilateral seated and supine straight leg raising at 60 degrees, able to sit up from exam table without difficulty, mildly decreased sensation in the bilateral sacral 1 dermatome, and normal muscle strength. The treating physician has documented GI distress symptoms with medications, but has no documented derived functional improvement from its use nor the medical necessity for dosage in excess of the once daily recommended dosage. The criteria noted above not having been met, 60 Tablets of Protonix 20mg is not medically necessary.