

Case Number:	CM15-0217108		
Date Assigned:	11/06/2015	Date of Injury:	02/27/2013
Decision Date:	12/18/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/04/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 39 year old female, who sustained an industrial injury on 2-27-2013. The injured worker was being treated for pain in right shoulder, lumbar sprain and strain, sciatica, and intervertebral disc disorders with myelopathy, lumbar region. The injured worker (8-5-2015, 9-2-2015, and 10-1-2015) reported ongoing right shoulder pain and low back pain intermittently radiating down the left leg. She reported continued that Nabumetone continued to decrease pain her right shoulder and low back pain, but did not otherwise specify. She reported (9-2-2015 and 10-1-2015) that Nabumetone decrease her right shoulder and low back pain greater than 50% with increased function that was not otherwise specified. She reported (8-5-2015 and 10-1-2015) nausea, also. The physical exam (8-5-2015, 9-2-2015, and 10-1-2015) revealed the injured worker ambulated without assistance and sat comfortably on the exam table without difficulty or pain. The physical exam did not include documentation of a gastrointestinal or musculoskeletal exam. Treatment has included physical therapy, psychotherapy, cognitive behavioral therapy, a home exercise program, right shoulder steroid injection, and medications including proton pump inhibitor (Pantoprazole-Protonix since at least 2-2015) and non-steroidal anti-inflammatory (Nabumetone-Relafen since at least 4-2015). Per the treating physician (10-1-2015 report), the injured worker continued to work with restrictions. The requested treatments included Pantoprazole-Protonix 20mg, Naproxen 550mg, and Nabumetone-Relafen 500mg. On 11-2-2015, the original utilization review non-certified retrospective requests for Pantoprazole-Protonix 20mg, Naproxen 550mg, and Nabumetone-Relafen 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole-Protonix 20mg #60 DOS: 10-1-2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case there is insufficient evidence in the records from 10/1/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Pantoprazole is not medically necessary and non-certified.

Retro Naproxen 550mg #60, DOS: 10-1-2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 10/1/15. Therefore prescription is not medically necessary and the determination is non-certification.

Nabumetone-Relafen 500mg #90, DOS: 10-1-2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects: Nabumetone (Relafen) is a non-steroidal anti-inflammatory

drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Use for moderate pain is considered off-label. There is lack of demonstration of functional improvement from the exam note from 10/1/15 of failure of first line analgesics. Therefore prescription is not medically necessary and the determination is non-certification.