

Case Number:	CM15-0030861		
Date Assigned:	02/24/2015	Date of Injury:	08/04/2011
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 42-year-old female, with a reported date of injury of 08/04/2011. The diagnoses include degeneration lumbar/lumbosacral disc, lumbar sprain/strain, sciatica, and sacrum disorders. Treatments have included an x-ray of the lumbar spine on 09/03/2014, oral medications, and an MRI of the lumbar spine on 08/12/2014. The visit note dated 12/19/2014 indicates that the injured worker reported low back pain, with radiation into the lower extremities. She reported that the pain was the same. It was noted that the injured worker still had functional limitation. The injured worker reported that her medications were helpful in reducing her pain and improving her function. The objective findings included tenderness in the lower lumbar paraspinal muscles at L4-S1, positive bilateral straight leg raise test, and a slightly antalgic gait. The treating physician requested Nabumetone (Relafen) 500mg #90 for pain and Pantoprazole (Protonix) 20mg #60 to decrease some of her gastrointestinal discomfort. On 01/29/2015, Utilization Review (UR) denied the request for Nabumetone (Relafen) 500mg #90 and Pantoprazole (Protonix) 20mg #60. The UR physician noted that there was no documentation of a failed first-line medication regimen for musculoskeletal pain including acetaminophen prior to starting the nabumetone; and there was no documentation of concern over an upset stomach with the non-steroidal anti-inflammatory drug. The MTUS Chronic Pain Guidelines, the MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: According to the 02/19/2015 'appeal' report, this patient presents with 5-8/10 "low back pain radiating into lower extremities." The current request is for Nabumetone-Relafen 500 mg #90. The request for authorization is not included in the file for review. The patient's work status is "not been able to return to work" at this time. The MTUS Guidelines page 22 reveal the following regarding 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."The one medical report provided for review show that the patient has been prescribed Nabumetone-Relafen since 10/13/2014 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient "utilizes Nabumetone for pain relief and inflammation with significant benefit." In this case, given that the patient chronic back pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines; the current request IS medically necessary.

Pantoprazole-Protonix 20mg tab # 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 02/19/2015 'appeal' report, this patient presents with 5-8/10 "low back pain radiating into lower extremities." The current request is for Pantoprazole-Protonix 20mg tab # 60.The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "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." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The one medical report provided for review show that the patient has been prescribed Pantoprazole-Protonix since 10/13/2014 and it is unknown exactly when the patient initially started taking this medication. The patient is currently on Nabumetone-Relafen and had "history of frequent heartburn as documented in her initial pain chart and questionnaire dated 7/1/14" with the use of Ibuprofen and Naproxen in the past. The treating physician indicates "Pantoprazole 2Gmg, twice a day

decreases some of her gastrointestinal discomfort associated with anti-inflammatory medications." In this case, the treating physician mentions that she has GI symptoms that this patient is struggling with and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.