

Case Number:	CM15-0032761		
Date Assigned:	02/26/2015	Date of Injury:	08/27/2013
Decision Date:	04/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 27, 2013. In a Utilization Review Report dated January 14, 2015, the claims administrator partially approved a request for naproxen, partially approved a request for Protonix, approved a request for Norco, and approved a request for tramadol. The claims administrator referenced an RFA form received on January 2, 2015 and associated progress note of December 26, 2014 in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported 3-6/10 foot, ankle, and low back pain. The applicant was asked to pursue a podiatry consultation. Additional physical therapy was endorsed, along with acupuncture. The applicant was asked to employ tramadol, naproxen, and Flexeril for pain relief. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The note was highly templated. It was suggested that Protonix was being employed for gastric protective effect as opposed to for actual symptoms of reflux. In an earlier note dated December 26, 2014, the applicant again reported multifocal complaints of foot, ankle, and low back pain. The applicant was given prescriptions for naproxen, Protonix, tramadol, Flexeril, and Vicodin. Work restrictions were, once again, endorsed. The note was highly templated and contained little-to-no applicant-specific rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is seemingly off of work, it was suggested. Work restrictions remained in place, seemingly unchanged, from visit to visit, despite ongoing naproxen usage. Ongoing naproxen usage has failed to curtail the applicant's dependence on opioid agents such as tramadol and Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: Similarly, the request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Protonix was being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant is not 65 years of age and using NSAIDs (page 56), the applicant is not using multiple NSAIDs, the applicant is not using NSAIDs in conjunction with corticosteroids, and the applicant does not have a history of prior GI bleeding and/or peptic ulcer disease. Therefore, the request was not medically necessary.