

Case Number:	CM15-0034169		
Date Assigned:	03/02/2015	Date of Injury:	08/12/2013
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 12, 2013. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for Naprosyn and Protonix. A January 26, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. The applicant had undergone earlier lumbar spine surgery in August 2014, it was incidentally noted. In a progress note dated February 25, 2015, the applicant reported ongoing complaints of low back pain, 7/10 without medications versus 3/10 with medications. The applicant was still using a lumbar support several months removed from the date of the lumbar spine surgery. Urine drug testing was ordered. The applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion. On January 26, 2015, the applicant was again placed off of work, on total temporary disability. 7 to 8/10 pain without medications versus 3/10 pain with medications was reported. The applicant did have ongoing issues with muscle spasms. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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 Naprosyn, 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 Naprosyn 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 attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged via several progress notes of early 2015, referenced above. While attending provider did state that the applicant's medications were reportedly reducing the applicant's pain scores, these comments, however, were outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing of Naprosyn usage (if any). Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Similarly, the request Protonix (a proton pump inhibitor) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, on progress notes of February 25, 2015 and January 26, 2015, referenced above. Therefore, the request was not medically necessary.