

Case Number:	CM15-0036948		
Date Assigned:	03/05/2015	Date of Injury:	02/26/2002
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 2/26/02. He has reported pain in the lumbar spine related to lifting a heavy object. The diagnoses have included lumbar degenerative disc disease, lumbar facet syndrome and L4-L5 and L5-S1 degenerative disc bulging. Treatment to date has included lumbar MRI, physical therapy and pain medications. As of the PR2 dated 12/10/14, the injured worker reports continued pain in his left low back, traveling across his right low back and radiating down his left leg. The treating physician noted limited range of motion, which reproduces pain in the lumbar spine and tenderness at the L4-L5 and L5-S1 facet joints. The treating physician requested to continue Anaprox 550mg #60, Protonix20mg #60, Neurontin 600mg #60 and Medrox patches. On 2/6/15 Utilization Review non-certified, a request for Protonix20mg #60 and Medrox patches and certified a request for Anaprox 550mg #60 and Neurontin 600mg #60. On 2/27/15, the injured worker submitted an application for IMR for review of Anaprox 550mg #60, Protonix20mg #60, Neurontin 600mg #60 and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. It was given in conjunction with Anaprox for GI protection rather than active risks. Therefore, the continued use of Protonix is not medically necessary.

Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375% . The uses of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, it had been used for several months- long-term use of topical analgesics are not recommended. Therefore, Medrox is not medically necessary.