MAXIMUS Federal Services

Case Number:	CM15-0047838		
Date Assigned:	03/19/2015	Date of Injury:	04/11/2006
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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, Pain Management

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 45 year old female, who sustained an industrial injury on 04/11/2006. Initial complaints and diagnoses were not reported. Treatment to date has included conservative care, medications, pain management, conservative therapies, trigger point injections, MRI of the lumbar spine (2013), abdominal ultrasound, x-rays, and laboratory testing. Currently, the injured worker complains of continued low back pain with radiation into the lower extremities (left greater than right). The injured worker indicated that her symptoms seem to be worsening despite pain management and conservative treatments, and reports frustration with the pain. During the exam (dated 01/22/2015) the injured worker was treated with a trigger point injection. Current diagnoses include L4-L5 herniated nucleus pulposus, low back pain, lower extremity radiculopathy, and narcotic tolerance and dependency. The treatment plan consisted of request for new MRI, continued medications (omeprazole and naproxen), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: This request involves the appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight 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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Furthermore, the submitted appeal letter to the UR denial does not identify any GI risk factors as specified above. Given this, this request is not medically necessary.

Naproxen 500mg 1 tab #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) in recent progress notes. However, an appeal letter written on March 7, 2015 with respect the UR denial does indicate the naproxen has been of “benefit.” The author points to guidelines that discuss it as a first line medication and that there should be objective functional improvement. Given the documentation of continued severe pain, it is reasonable to continue this first line medication. It should be noted that specific examples of functional improvement should be included in future note.