

Case Number:	CM15-0055298		
Date Assigned:	03/30/2015	Date of Injury:	08/27/2013
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 47 year old woman sustained an industrial injury on 8/27/2013. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain/strain with myospasms, lumbar disc protrusions, mild hypertrophic changes of lumbar spine with mild levoscoliosis, lumbar radiculitis, right wrist sprain/strain, right elbow lateral epicondylitis, right lower extremity pain, right knee sprain/strain, right knee baker's cyst, and bilateral ankle sprain/strain. Treatment has included oral medications. Physician notes on a PR-2 dated 1/27/2015 show complaints of moderate to severe low back pain with radiation to the lower extremities and upper back. Recommendations include continue physical therapy, follow up with the orthopedic surgeon, pain management, and hand specialists, podiatry consultation, amend claim to include the low back, right knee, and bilateral ankles, and re-evaluate in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 90 (DOS 3/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

Decision rationale: The requested Naproxen 550 mg Qty 90 (DOS 3/11/15), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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 injured worker has moderate to severe low back pain with radiation to the lower extremities and upper back. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550 mg Qty 90 (DOS 3/11/15) is not medically necessary.

Pantoprazole 20 mg Qty 90 (DOS 3/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69.

Decision rationale: The requested Pantoprazole 20 mg Qty 90 (DOS 3/11/15), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has moderate to severe low back pain with radiation to the lower extremities and upper back. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20 mg Qty 90 (DOS 3/11/15) is not medically necessary.