

Case Number:	CM15-0081641		
Date Assigned:	05/04/2015	Date of Injury:	12/01/2008
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 47 year old male who sustained an industrial injury on 12/01/2008. Diagnoses include lumbago, lumbar post-laminectomy syndrome, and memory impairment and prior history of elevated liver function tests. Treatment to date has included diagnostic studies, multiple surgeries, medications, pain psychology, injections, physical therapy, and walking. A physician progress note dated 03/16/2015 documents the injured worker continues to reports chronic low back pain and limited function and sensation in his left lower extremity. He also reports short term memory loss x 2 + years (unsure of exact onset). He has an antalgic gait favoring the left and poor balance while standing. Lumbar range of motion was within normal limits except for extension with is limited with pain and left side bending which is limited with pain. There is tenderness noted over the midline of lumbar spine on both sides. Straight leg raising supine is positive on both sides. Left foot dorsiflexion is severely limited. The treatment plan is for medications, continuation of psyche sessions, home exercise program and walking. Treatment requested is for Naproxen Sodium 550mg quantity 60 with five refills, and Pantoprazole 20mg delayed release quantity 60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: Naproxen Sodium 550mg quantity 60 with five refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request for Naproxen with 5 refills is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the patient has a history of prior liver function tests. It would not be appropriate to prescribe the requested quantity of 5 refills in a patient without monitoring for adverse effects as well as efficacy in regards to pain or function. The request for Naproxen Sodium 550mg quantity 60 with five refills is not medically necessary.

Pantoprazole 20mg delayed release quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole 20mg delayed release quantity 60 with three refills is not medically necessary per the MTUS Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for Pantoprazole as it is not clear that he has failed first line proton pump inhibitors. Furthermore, it would not be appropriate to have 3 refills of this medication as the Naproxen with 5 refills was denied as medications need to be monitored in regards to adverse effects as well as efficacy in regards to pain or function prior to refilling them again. The request for Pantoprazole 20mg delayed release quantity 60 with three refills is not medically necessary.