

<b>Case Number:</b>	CM14-0126301		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There is a chiropractic evaluation from 01/13/14 indicating lumbosacral pain. There is report of pain and tingling in the right wrist, left wrist with paralumbar muscle tenderness. Electrodiagnostic consultation 02/05/14 indicates abnormal studies with findings to suggest bilateral S1 radiculopathy. There is an initial report of injury from 07/07/14 indicating ongoing complaints of pain, reports having pain in the back radiating to the legs with numbness on bilateral hands. Assessment was lumbosacral strain, lumbosacral radiculopathy, and bilateral wrist tendonitis. The insured was recommended for Norco, Anaprox and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The medical records provided for review do not indicate any medical history of NSAID GI related side effects, a history of GERD, or gastric ulcers. Protonix is not supported

for routine use in combination with NSAID administration in the absence of the findings. Therefore, the request is not medically necessary per MTUS guidelines.

**Norco 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78, 78-80, 124.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Pain, opioids

**Decision rationale:** The medical records indicate a chronic pain condition with reported benefit of the opioid medication but does not demonstrate ongoing monitoring of 4 A's or an opioid mitigation plan for chronic use of opioid medication. As such, use of Norco is not supported on a long term basis. Therefore, the request is not medically necessary per ODG.

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The medical records indicate a chronic pain condition with reported benefit of the opioid medication and NSAID. However, the medical records provided for review do not support the presence of objective functional benefit on physical ability and MTUS guidelines do not support chronic use of NSAIDS as there is no evidence of long term effectiveness for pain or function. Therefore, the request is not medically necessary.