

Case Number:	CM14-0183165		
Date Assigned:	11/10/2014	Date of Injury:	07/29/2014
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The claimant was injured on 07/29/14 when she slipped on a wet floor and fell. Naproxen and Protonix are under review. She was diagnosed with a sprain of the right finger and a contusion of the left knee. X-rays were negative and she was given an ulnar gutter splint. She had tenderness of the MCP joint and IP joint of the fifth finger. There was an abrasion of the left knee. Medications were not mentioned in the note. On 08/01/14, she was seen again and complained of pain in her right fifth finger, hand, and low back. The pain was worse with movement. Her medications included ibuprofen and cyclobenzaprine. She still had a mildly swollen finger with limited flexion of the joints. Physical therapy was recommended. On 08/06/14, she had started physical therapy and had continued pain. She was given a back brace. There was no change in her medication. On 08/15/14, she still had persistent pain. She was using ibuprofen and cyclobenzaprine. She was given a Toradol injection. She saw a pain management specialist on 09/15/14. She was still on work restrictions and the same medications. She still had ongoing hand and back pain. She had run out of ibuprofen and Flexeril. She stated the medications were beneficial. X-rays of the thoracic and lumbar spines were ordered. She was prescribed naproxen and Protonix for GI prophylaxis. Her past medical history was negative. There were no gastrointestinal symptoms reported. On 10/13/14, she was seen again. The naproxen was approved and the Protonix was denied. She was advised to use naproxen on a full stomach to minimize the risk of GI upset. On 10/28/14, there is an appeal regarding the Protonix. She was still using the naproxen. Again the Protonix was recommended on a prophylactic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #50 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for naproxen sodium 550mg #50 with 2 refills. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" There is no evidence that the claimant tried and failed other first line drugs, in particular acetaminophen, which would not result in a concern about gastrointestinal upset or symptoms. There is no evidence of a chronic condition for which this type of medication is likely to be needed for a prolonged period of time, necessitating multiple refills. Also, if she does experience untoward side effects, it may need to be changed. There is no documentation of pain relief from this medication. Therefore, the request for Naproxen 550 #50 with 2 refills is not medically necessary.

Protonix DR 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Protonix DR 20mg #60 with 2 refills. The MTUS state proton pump inhibitors are "recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. No gastrointestinal symptoms have been described despite her use of ibuprofen and

naproxen for her injuries. It is not clear, if she has no gastrointestinal symptoms and may not need naproxen for a prolonged period of time, why Protonix is needed for a prolonged period of time including 2 refills. The request for DR 20mg #60 with 2 refills is not medically necessary.