

Case Number:	CM14-0123670		
Date Assigned:	08/08/2014	Date of Injury:	08/23/2007
Decision Date:	05/01/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 51-year-old female who sustained an industrial injury on 08/23/2007. She reported neck pain. The injured worker was diagnosed as having cervical radiculopathy/radiculitis, cervicgia, cervical disc degeneration, and degenerative disc disease, cervical. Treatment to date has included diagnostic testing, home exercise, epidural steroid injections and medications. Currently, the injured worker complains of neck pain with limited range of motion and diminished sensation. Medications are Anaprox, which reduces the swelling and allows for functional improvement with activities of daily living, pantoprazole which relieves gastrointestinal irritation from medication use, Norco which provides pain relief, and gabapentin which provides moderate pain relief from neuropathic symptoms. A cervical epidural steroid injection recently provided moderate pain relief. Treatment plans include continuation of the current medication regimen and a request for authorization was made for Pantoprazole Sodium DR 20 mg #60, Refills x3, Anaprox Ds 550 mg #60, Refills x3, Gabapentin 800 mg #30, Hydrocodone-Acetaminophen 10-325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod Dr 20 mg #60, Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

Decision rationale: The injured worker sustained a work related injury on 08/23/2007. The medical records provided indicate the diagnosis of cervical radiculopathy/radiculitis, cervicalgia, cervical disc degeneration, and degenerative disc disease, cervical. Treatment to date has included diagnostic testing, home exercise, epidural steroid injections and medications. Currently, the injured worker complains of neck pain with limited range of motion and diminished sensation. Medications are Anaprox, pantoprazole Norco, and gabapentin. A cervical epidural steroid injection provided moderate pain relief. The medical records provided for review do not indicate a medical necessity for Pantoprazole Sod Dr 20 mg #60, Refills x3. Pantoprazole is a proton pump inhibitor. The proton pump inhibitors are recommended when an individual with risk of Gastrointestinal event is being treated with NSAIDs. The medication is no longer necessary since it was prescribed due to the documented gastric side effect of the Anaprox, but the Anaprox has been determined not to be medically necessary. The MTUS criteria for risk of gastrointestinal event include: (1). Age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose) Aspirin.

Anaprox Ds 550 mg #60, Refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-72.

Decision rationale: The injured worker sustained a work related injury on 08/23/2007. The medical records provided indicate the diagnosis of cervical radiculopathy/radiculitis, cervicalgia, cervical disc degeneration, and degenerative disc disease, cervical. Treatment to date has included diagnostic testing, home exercise, epidural steroid injections and medications. Currently, the injured worker complains of neck pain with limited range of motion and diminished sensation. Medications are Anaprox, pantoprazole Norco, and gabapentin. A cervical epidural steroid injection provided moderate pain relief. The medical records provided for review do not indicate a medical necessity for Anaprox Ds 550 mg #60, Refills x3. Anaprox is a brand name for Naproxen, an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the short-term treatment of moderate to severe pain. The records indicate the injured worker has been using this medication at least since 04/2014; currently the pain is the same with or without medication. The MTUS recommends discontinuation of any form of treatment if the treatment modality is later found to be ineffective. The request is not medically necessary.

