

Case Number:	CM15-0101652		
Date Assigned:	06/04/2015	Date of Injury:	03/02/2012
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California,

Virginia

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:

This 53-year-old man sustained an industrial injury on 3/2/2012. The mechanism of injury is not detailed. Evaluations include CT arthrogram of the left hip dated 1/30/2014, left hip MRI dated 4/30/2012, and electromyogram/nerve conduction studies dated 1/25/2013. Diagnoses include left hip impingement syndrome with inflammation and left lower extremity nerve neuropathy. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 3/25/2015 show complaints of left hip pain. Recommendations include Anaprox, Protonix, and Prozac, continue physical therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: 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 Page(s): 68-69.

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient has been chronically taking Naproxen, which is not clearly giving symptom relief. Because Naproxen should be discontinued, further use of Protonix is not indicated. Therefore, the request for Protonix was reasonably denied by utilization review and is not considered medically necessary based on the provided records and guidelines.

Anaprox 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

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

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, 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. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents do not show clear objective evidence that Naproxen is successfully mitigating the patient's pain, and in light of the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not considered medically necessary.