

Case Number:	CM15-0114180		
Date Assigned:	06/22/2015	Date of Injury:	03/22/2002
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male who sustained a work related injury March 22, 2002. While rolling electronic equipment across a warehouse floor, he felt a sudden pain in his lower back with stiffness. According to a primary treating physician's report, dated February 26, 2007, an MRI, lumbar spine, dated May 31, 2002, revealed L2-3 disc protrusion, left side, with left neuroforaminal stenosis. An MRI, thoracic spine, dated December 2002; (report present in the medical record) is within normal limits. The most recent primary treating physician's progress report dated December 15, 2014, finds the injured worker presenting with continued low back pain with intermittent numbness and tingling in the lower extremities. He was taking Naproxen and Protonix and is requesting a refill. Objective findings are documented as; normal gait and arm swing without assisted devices, 5/5 lower extremity, and neuro intact. Diagnoses are sprain lumbar region; lumbar/lumbosacral disc degeneration; lumbar disc displacement without myelopathy. Treatment plan included prescriptions written for medication. A request for authorization, dated May 5, 2015, requests Naproxen and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with low back pain. The request is for Naproxen 500mg #60 with 5 Refills. Patient's diagnosis per Request for Authorization form dated 05/05/15 includes sprain lumbar region, lumbar/ lumbosacral disc degeneration, lumbar disc displacement without myelopathy, and lumbosacral neuritis or radiculitis NOS. Physical examination on 12/18/14 revealed normal gait and arm swing without assisted devices, 5/5 lower extremity, and neuro intact. Treatment to date included imaging studies and medications. Patient's medications included Naproxen and Protonix. The patient is permanent and stationary, per 12/18/14 report. Treatment reports were provided from 04/27/07 - 12/15/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Naproxen has been included in patients medications, per progress reports dated 04/27/07, 07/08/13, and 12/15/14. Treater does not discuss the impact of the NSAID on patient's pain or function any of the reports. Although use of oral NSAIDs may be indicated given the patient's chronic pain condition, without documentation of efficacy, it is not supported by MTUS. In addition, the request for 5 refills is also excessive, and treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. The request is not medically necessary.

Protonix 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with low back pain. The request is for Protonix 20mg #60 with 5 Refills. Patient's diagnosis per Request for Authorization form dated 05/05/15 includes sprain lumbar region, lumbar/ lumbosacral disc degeneration, lumbar disc displacement without myelopathy, and lumbosacral neuritis or radiculitis NOS. Physical examination on 12/18/14 revealed normal gait and arm swing without assisted devices, 5/5 lower extremity, and neuro intact. Treatment to date included imaging studies and medications. Patient's medications included Naproxen and

Protonix. The patient is permanent and stationary, per 12/18/14 report. Treatment reports were provided from 04/27/07 - 12/15/14. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not provided medical rationale for the request. Prilosec and Naproxen have been included in patients medications, per progress reports dated 04/27/07, 07/08/13, and 12/15/14. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, the request for 5 refills is also excessive, and treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.