

Case Number:	CM15-0122925		
Date Assigned:	07/07/2015	Date of Injury:	12/15/2003
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 is a 48 year old male, who sustained an industrial injury on 12/15/03. The diagnoses have included discogenic lumbar condition with three level disc diseases, status post laminectomy at L4-L5 with persistent radicular component down the bilateral lower extremities. Treatment to date has included medications, activity modifications, back brace, Transcutaneous electrical nerve stimulation (TENS), physical therapy, injections, other modalities, and home exercise program (HEP). Currently, as per the physician progress note dated 1/7/15, the injured worker complains of low back pain with shooting pain down the legs. It is noted that his activities of daily living (ADL) are limited. He also reports sleep and stress issues. The objective findings reveal tenderness along the lumbosacral area, positive straight leg raise, flexion is 40 degrees and extension is 10 degrees. There is sensory dysfunction noted along the L5 dermatome and there is weakness to resisted function. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Norco, Motrin, Nexium, Lidoderm patches, Neurontin, Trazadone, and Norflex. There is no previous urine drug screen report noted. The physician requested treatments included Protonix 20 mg #60, Aciphex generic 20 mg #30 and Naproxen 550 mg #60.

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 and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix/Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Naproxen but in this review on UR, it is not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient was also prescribed another PPI for unknown reason. Since NSAIDs are not recommended in this patient, Protonix is not medically necessary.

Aciphex generic 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

Decision rationale: Aciphex is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Naproxen but in this review on UR, it is not medically recommended. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient was also prescribed another PPI for unknown reason. Since NSAIDs are not recommended in this patient, Aciphex is not medically necessary.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Chronic use of Naproxen is not supported by documentation, Naproxen is not medically necessary.