

Case Number:	CM15-0127710		
Date Assigned:	07/14/2015	Date of Injury:	10/15/2010
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 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 applicant is a represented 55-year-old who has filed a claim for chronic elbow, arm, and shoulder pain reportedly associated with an industrial injury of October 15, 2010. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for naproxen and Protonix. The claims administrator referenced an RFA form received on June 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported ongoing complaints of elbow pain. The applicant denied any issues with hypertension and diabetes, it was reported in the past medical history section of the note. Naproxen, Tramadol, Remeron, and Protonix were endorsed without much discussion of medication efficacy. Toward the top of the report, the attending provider stated that the applicant's medications previously allowed him to be functional but did not elaborate further. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. A functional restoration program was pending, it was reported. It was stated that Protonix was being prescribed for upset stomach in one section of the note, although the attending provider did not state that the applicant had personally experienced any symptoms of dyspepsia. On March 18, 2015, the attending provider noted that the applicant had received various disability and indemnity benefits of various kinds over the course of the claim. The applicant was still constrained in terms of his ability to lift. The applicant had gained weight owing to inactivity, it was suggested. The applicant was constrained in terms of his ability to grip, grasp, and lift, it was reported. Naproxen, Neurontin, Tramadol, Protonix, and LidoPro patches were endorsed. It was not clearly stated why Protonix was being prescribed. Once again, there was no mention of the applicant is having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (Unspecified quantity/ and or dosing): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for naproxen, an anti-inflammatory medication was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing naproxen usage. The applicant was collecting disability and indemnity benefits; it was reported on March 18, 2015. Ongoing usage of naproxen failed to diminish the applicant's work restrictions. Ongoing usage of naproxen failed to diminish the applicant's reliance on opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Protonix (Unspecified quantity/ and or dosing): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's personally experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above. Therefore, the request was not medically necessary.

