MAXIMUS Federal Services

Case Number:	CM15-0170758		
Date Assigned:	09/11/2015	Date of Injury:	06/10/2011
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 10, 2011. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for Naprosyn, Protonix, and a urine drug screen, apparently ordered on or around July 8, 2015. The applicant's attorney subsequently appealed. On June 5, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of depression and anxiety. The attending provider suggested (but did not clearly state) that Protonix was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux. A replacement lumbar support was sought. The applicant was asked to follow up with a psychiatrist. Additional manipulative therapy was sought. It was acknowledged that the applicant had been off of work for several months. Flexeril, Naprosyn, and Tramadol were likewise renewed. The attending provider stated that the applicant's pain complaints were in the 7/10 range without medications but suggested that the applicant's pain complaints could drop by as much as 5 points with medications. The attending provider contended that the applicant's ability to shop for groceries, grooming, and cook had been ameliorated as a result of ongoing medication consumption but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen sodium 550mg (DOS 7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, 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 Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice 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 has remained off of work, it was reported on June 5, 2015. The applicant had not worked for several months, it was acknowledged on that date. Permanent work restrictions were renewed, seemingly unchanged from previous visits, effectively resulting in the applicant's removal from the workplace. Ongoing usage of Naprosyn failed to curtail the applicant's dependence 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 the same. Therefore, the request was not medically necessary.

Retro Pantoprazole 20mg (DOS 7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Protonix (Pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on June 5, 2015 that Protonix was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix. Specifically, the applicant was less than 65 years of age (age 53), was only using one NSAID, Naprosyn, had no known history of GI bleeding and/or peptic ulcer disease, and was not using NSAIDs in conjunction with corticosteroids. The applicant did not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix, a proton pump inhibitor. Therefore, the request was not medically necessary.

Retro Urine drug screen (DOS 7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational medicine practice guidelines, 3rd ed (2011) - p.35, Vol. 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommended usage of drug testing as an option to assess the presence or absence of illicit drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider failed to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. There was no mention of the applicant's being a higher or lower-risk individual for whom more or less frequent drug testing would be indicated. It was not stated when the applicant was last tested. While the attending provider acknowledged that he was prescribing the applicant Naprosyn, Flexeril, Ultram, and Protonix, there was no mention of whether the applicant was using other medications through other providers. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.