

<b>Case Number:</b>	CM15-0172371		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old male, who sustained an industrial injury on 2-8-13. The injured worker is undergoing treatment for lumbar disc displacement and sciatica. Medical records dated 8-4-15 indicate the injured worker complains of low back pain radiating down left lower extremity and rated 6 out of 10 without medication and 3 out of 10 with medication. "She states that she is able to walk better with less pain and exercise better with less pain. She is also able to work full-time." The record (8-4-15) indicates, "she had been using Norco, several during the day; she has tried to limit this more recently to just using one tablet at night, and does use anti-inflammatory drugs for more mild complaints." Physical exam dated 8-4-15 notes antalgic gait and review of magnetic resonance imaging (MRI) revealing advanced discogenic change with herniation, facet hypertrophy and high grade central stenosis L4-5. The original utilization review dated 8-10-15 indicates the request for Norco #30 is certified and pantoprazole 20mg take 1 tab daily with Naproxen-stomach-estomago #30 and Naproxen sodium 550mg take 1 q 12hrs with food-anti-inflammatory #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg take 1 tab daily w/ Naproxen-Stomach/Estomago #30: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in February 2013 as the result of a slip and fall. She continues to be treated for back pain with left lower extremity radiating symptoms. The requesting provider for an initial evaluation in January 2015 saw her. Her past medical history was that of diabetes, hypertension, and sleep apnea. Naprosyn was prescribed and Protonix was prescribed for prophylaxis. When seen, medications were decreasing pain from 6/10 to 3/10. She was continuing to work full-time. Gastrointestinal review of systems was negative. Physical examination findings included an antalgic gait. Medications were refilled. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Protonix was prescribed at the initial visit for prophylaxis. Ongoing prescribing is not considered medically necessary.

**Naproxen sodium 550mg take 1 q 12hrs w/food/anti inflammatory #60:** Overturned

**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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in February 2013 as the result of a slip and fall. She continues to be treated for back pain with left lower extremity radiating symptoms. The requesting provider for an initial evaluation in January 2015 saw her. Her past medical history was that of diabetes, hypertension, and sleep apnea. Naprosyn was prescribed and Protonix was prescribed for prophylaxis. When seen, medications were decreasing pain from 6/10 to 3/10. She was continuing to work full-time. Gastrointestinal review of systems was negative. Physical examination findings included an antalgic gait. Medications were refilled. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations, medications are providing pain relief, and the claimant is working. Ongoing prescribing was medically necessary.