

<b>Case Number:</b>	CM15-0172393		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/21/2011
<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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female who sustained an industrial injury on 04-21-2011. According to a progress report dated 07-30-2015, the injured worker had been looking for work but had not found any. She could not do the job that she had at the time of her injury. MRI of the lumbar spine in 2012 showed bulging at protrusion at L2-L3, L3-L4 and L4-5. Nerve studies showed denervation obtained in 2012 along the paraspinal musculature and showed evidence of mid lower lumbar radiculopathy. Treatment has included medications, trigger point injection, and therapy. Pain in the lumbar spine radiated down her left lower extremity and at times made it buckle. MRI of the left hip was unremarkable. Injection to the hip provided 50% relief. She had limitation with bending, sitting, standing, walking and forceful activities. Her daughter did most of the chores around the house. She had a two lead TENS unit. Standing was up to 35 minutes. Sitting was up to an hour. Walking was up to roughly 30 minutes for exercise every other day and was the maximum she could do. Lifting was more than 15-20 pounds. Objective findings included tenderness along the groin persisted on the left. Flexion and internal rotation bothered her groin. She could squat minimally. She could get up on her toes x 10. Flexion was 40 degrees. Extension was 10 degrees. Tenderness along the lumbosacral area was noted as well as left hamstring, left buttock and left calf. Reflexes were depressed at the ankles. Straight leg raise was positive at 50 degrees and weakness of quadriceps and hamstring functioning was on the left side. Diagnoses included discogenic lumbar condition with radicular component down the left lower extremity with electromyography being positive in 2012, hip joint inflammation with the MRI being negative for a labral tear and an element of depression, stress and weight

gain due to chronic pain and inactivity. The work status included intermittent sitting, standing and walking and no forceful activities; no forceful pushing, pulling or lifting. Authorization was requested for Celebrex, Norco, Protonix, Effexor XR, Topamax, Tramadol ER, Lunesta and Effexor, consultation for physiatry, orthopedic consultation, psychiatrist consultation, nerve studies of the lower extremities, four lead TENS unit with conductive garment and access to back brace. Documentation submitted for review shows use of Protonix for gastritis and upset stomach dating back to 2014. On 08-10-2015 Utilization Review non-certified the request for Protonix 20 mg #60 and Effexor 75 mg #60 and certified the request for Celebrex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.); Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.

#### **Effexor XR 75mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, effexor.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is indicated in the treatment of depression. The patient has documented symptomatic depression and therefore the request is medically necessary.