

Case Number:	CM15-0033918		
Date Assigned:	02/27/2015	Date of Injury:	12/26/2012
Decision Date:	06/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on 12/26/2012. The initial complaints or symptoms included right ankle and low back pain/injury due to repetitive task. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, cardio-respiratory diagnostic testing, psychological therapy, and Sudomotor function assessment/testing. Currently, the injured worker complains of lower back and right ankle pain rated 8/10. Objective findings include decreased and painful range of motion in the lumbar spine with spasms and tenderness to palpation of the paravertebral musculature, pain upon Kemp's test, positive straight leg raises, and decreased and painful range of motion in the right ankle with tenderness to palpation of the anterior and lateral ankle, and a positive inversion test. Current medications include tramadol and pantoprazole. The diagnoses include lumbar myospasm, lumbar radiculopathy, lumbar strain/sprain, right ankle strain/sprain, and rule out right ankle internal derangement. The request for authorization included pantoprazole 20 mg #60 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:

Pantoprazole 20mg #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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitor.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar myospasm; lumbar radiculopathy; lumbar sprain/strain; right ankle sprain/strain; and rule out right ankle internal derangement. November 25, 2014 progress note shows the treating provider prescribed naproxen 550 mg and omeprazole 20 mg. The omeprazole 20 mg was changed to pantoprazole 20 mg on that date. According to a January 27, 2015 progress note, the injured worker subjectively complained of low back pain and right ankle pain. The current medications were tramadol, pantoprazole 20 mg and Naproxen 550 mg. There were no comorbid conditions or risk factors for gastrointestinal events. Specifically, there was no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There was no clinical indication or rationale and the medical record documentation for a proton pump inhibitor. Consequently, absent clinical documentation with risk factors and or comorbid conditions, Pantoprazole 20 mg #60 is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar myospasm; lumbar radiculopathy; lumbar sprain/strain; right ankle sprain/strain; and rule out right ankle internal derangement. November 25, 2014 progress note shows the treating provider prescribed naproxen 550 mg and omeprazole 20 mg. According to a

January 27, 2015 progress note, the injured worker subjectively complained of low back pain and right ankle pain. The current medications were Tramadol, Pantoprazole 20 mg and Naproxen 550 mg. The injured worker has taken Naproxen 550 mg in excess of four months. There is no documentation of significant pain improvement or objective functional improvement with ongoing naproxen. Naproxen is recommended at the lowest dose for the shortest period. There is no documentation indicating an attempt to wean naproxen. Consequently, absent clinical documentation with subjective and objective functional improvement and an attempt to wean, Naproxen 550 mg #60 is not medically necessary.