

Case Number:	CM15-0038285		
Date Assigned:	03/06/2015	Date of Injury:	05/23/2014
Decision Date:	05/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female, who sustained an industrial injury on 05/23/2014. The initial complaints or symptoms included low back and right lower extremity pain/ injury after tripping and falling. The injured worker was diagnosed as having lumbar strain/sprain and low back pain. Treatment to date has included conservative care, medications, conservative therapies, MRIs, and x-rays. Currently, the injured worker complains of severe right sided lumbar radicular pain, which were noted to be progressive. The diagnoses right lumbar radiculopathy. The treatment plan consisted of MRI of the lumbar pain, continuation of previously prescribed/dispensed medications (including Anaprox, FexMid and Protonix), and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anaprox 550mg #30, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with low back and right lower extremity pain/injury after tripping and falling. The current request is for Retrospective: Anaprox 550mg #30, 2 refills. The treating physician states, in a report dated 01/07/15, "Naproxen sodium 550 mg is dispensed in compliance with MTUS Guidelines as the patient failed first-line NSAIDs, including ibuprofen, diclofenac sodium, and aspirin. There is no cardiac history. There is no history of ulcer, hemoptysis, or hematochezia." (179B) The MTUS guidelines state, "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen." In this case, the treating physician has documented "Severe right-sided lumbar pain with right lumbar radicular pain. Inability to bend, stoop, or lift. Her symptoms are progressively getting worse." The treating physician has tried various first-line NSAIDs that have not worked, and MTUS does recommend Anaprox as a second-line treatment for acute back pain. The current request is medically necessary and the recommendation is for authorization.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The patient presents with low back and right lower extremity pain/injury after tripping and falling. The current request is for Fexmid 7.5mg #90. The treating physician states, in a report dated 01/07/15, "Muscle relaxants are recommended as a treatment in moderate to severe pain in selective cases. If a muscle relaxant is felt to be necessary, cyclobenzaprine should be the drug tried because of its chemical structure, which resembles a tricyclic antidepressant and since addiction of this drug typically does not occur (Borenstein, D.G., 2003)." (179B) The MTUS guidelines state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." In this case, the treating physician has documented "Severe right-sided lumbar pain." Fexmid is intended only for short-term use and not for chronic pain. The current request is not medically necessary and the recommendation is for denial.

Protonix 20mg #90 (DOS 01/07/2015): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton Pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with low back and right lower extremity pain/injury after tripping and falling. The current request is for Protonix 20mg #90 (DOS 01/07/2015). The treating physician states, in a report dated 01/07/15, "PPI recommended, as this patient is intermediate risk for gastrointestinal events and no cardiovascular disease: 1. A nonselective NSAID with either a PPI or a COX-2 selective agent." (179B) The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treating physician notes the patient is at intermediate risk for GI events with complaints of dyspepsia. The current request is medically necessary and the recommendation is for authorization.