

Case Number:	CM15-0062804		
Date Assigned:	04/09/2015	Date of Injury:	02/22/2010
Decision Date:	06/16/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 02/22/2010. He has reported subsequent neck, back and right shoulder pain and was diagnosed with discogenic cervical and lumbar condition, L4-L5 central protrusion and facet arthropathy and impingement syndrome of the right shoulder. Treatment to date has included oral pain medication, application of heat and ice as well as 7/14/14 left shoulder arthroscopy for impingement syndrome, TENS unit, physical therapy and a back brace. In a progress note dated 01/30/2015, the injured worker complained of neck, low back and right shoulder pain. Objective findings were notable for tenderness of the distal clavicle, biceps tendon and rotator cuff and mildly positive impingement Hawkins and Speed tests. A request for authorization of Effexor, Naproxen and Aciphex was submitted. The progress note states that the patient has radicular left leg symptoms. Nerve studies have not been done yet for the leg. Nerve studies for the arm were unremarkable. The patient has last worked in July 2011. A 4/21/15 document noted that the patient has chronic pain, 20 lb weight gain, insomnia and depression. A 10/17/14 progress note indicates that the patient's medications include Effexor for depression, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor SR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: Effexor SR 75mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. The documentation indicates that the patient has taken Effexor long term. The patient is noted to have neuropathic pain, depression and anxiety. There is no evidence of significant functional improvement or recent discussion of improvement in depression/anxiety on prior Effexor therefore continued Effexor is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Back Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

AcipHex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs).

Decision rationale: AcipHex 20mg #30 is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that Aciphex should be a second line proton pump inhibitor. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and that the NSAID the patient was taking is not medically necessary therefore the request for Aciphex is not medically necessary.