

Case Number:	CM15-0070533		
Date Assigned:	04/20/2015	Date of Injury:	03/12/2012
Decision Date:	05/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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
Certification(s)/Specialty: Emergency 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 46-year-old male who sustained an industrial injury on March 12, 2012. He has reported a low back injury and has been diagnosed with herniated nucleus pulposus at L5-S1, status post right laminectomy, foraminotomy, and partial facetectomy at L5-S1 with microdiscectomy, with persistent pain and possible right radiculopathy. Treatment has included medications, TENS unit, physical therapy, chiropractic care, injections, surgery, and medical imaging. Currently the injured worker complains of pain in the right lower back associated with numbness to the right buttock, There was also pain and numbness to the right thigh and upper calf including the right foot. The treatment request included Ativan, Anaprox, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ativan 1mg #120 Date of Service: 03/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Retro: Ativan 1mg #120 Date of Service: 03/20/2015, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain in the right lower back associated with numbness to the right buttock, there was also pain and numbness to the right thigh and upper calf including the right foot. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, retro: Ativan 1mg #120 Date of Service: 03/20/2015 is not medically necessary.

Anaprox 550mg #60 Date of Service: 03/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox 550mg #60 Date of Service: 03/20/2015, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain in the right lower back associated with numbness to the right buttock, there was also pain and numbness to the right thigh and upper calf including the right foot. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550mg #60 Date of Service: 03/20/2015 is not medically necessary.

Protonix 20mg #60 Date of Service: 03/20/2015: 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 rationale: The requested Protonix 20mg #60 Date of Service: 03/20/2015, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain in the right lower back associated with numbness to the right buttock, there was also pain and numbness to the right thigh and upper calf including the right foot. The treating physician has not documented medication-induced GI complaints or GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Protonix 20mg #60 Date of Service: 03/20/2015 is not medically necessary.