

Case Number:	CM15-0071620		
Date Assigned:	04/21/2015	Date of Injury:	03/20/2014
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
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: 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:

This 48-year-old male sustained an industrial injury on 3/20/14. He subsequently reported low back pain. Diagnoses include sprain to neck, thoracic spine and low back. Treatments to date have included Nerve conduction studies, x-rays, MRIs, physical therapy and prescription pain medications. The injured worker continues to experience low back pain, right greater than left, with symptoms radiating to the lower extremities. A request for Pantoprazole and Naproxen medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 (DOS 02/20/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for low back pain Page(s): 67-68.

Decision rationale: This injured worker receives treatment for chronic low back pain from related injury dated 03/20/2014. The patient reports recurring episodes of low back pain that radiates to the lower extremities. Naproxen is an NSAID. The treatment guidelines recommend treating low back pain with NSAIDs only for a short period of time. Regarding the use of NSAIDs to treat neuropathic pain, they may offer some benefit, but it is not consistent and does not provide long-term benefit. The long-term use of NSAIDs does present the patient with the risk of GI bleeding, exacerbation of CHF, and kidney injury if there is chronic kidney disease. This risk factors were not addressed. Based on the documentation, Naproxen is not medically indicated.

Pantoprazole 20mg #90 (DOS 02/20/2015): Upheld

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

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

Decision rationale: This injured worker receives treatment for chronic low back pain from related injury dated 03/20/2014. The patient reports recurring episodes of low back pain that radiates to the lower extremities. Pantoprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Pantoprazole is not medically indicated.