

Case Number:	CM15-0078109		
Date Assigned:	04/29/2015	Date of Injury:	02/13/2013
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, 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 is a 42 year old female patient, who sustained an industrial injury on 2/13/13. The diagnoses include major depression, posttraumatic stress disorder, thoracic region sprain/strain, sprain/strain of the neck, lumbar region sprain/strain, and chronic post traumatic headache. She sustained the injury due to assault by a man with a gun. Per the doctor's note dated 4/29/2015, she had complains of neck, bilateral upper extremity, and back pain; persistent headache. She had also heartburn and nausea. The physical examination revealed tenderness and decreased range of motion of the lumbar spine. The medications list includes flexeril, protonix, naproxen, venlafaxine, fluticasone, hydrochlorothiazide, ibuprofen, lisinopril, loratidine, meloxicam, vitamin D, proventil HFA and butran patch. She has had acupuncture for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole- Protonix 20mg #60: Overturned

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: Request: Pantoprazole- Protonix 20mg #60. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the records provided patient has heartburn and nausea. Patient is also on taking NSAIDs. Use of PPI is recommended in such a patient. The request for Pantoprazole- Protonix 20mg #60 is medically appropriate and necessary for this patient.

Naproxen Sodium- Anaprox 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request: Naproxen Sodium- Anaprox 550mg #90. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic neck, bilateral upper extremity, and back pain and persistent headache. The patient also had abnormal objective physical exam findings- tenderness and decreased range of motion of the lumbar spine. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen Sodium- Anaprox 550mg #90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.