MAXIMUS Federal Services

Case Number:	CM13-0008323		
Date Assigned:	11/08/2013	Date of Injury:	08/14/2012
Decision Date:	05/12/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; attorney representation; alternative treatment/medical foods; and work hardening. In a Utilization Review Report of July 12, 2013, the claims administrator denied request for Butrans, Ultracet, Naprosyn, and Protonix. The rationale behind the denial was somewhat sparse and/or lost as a result of repetitive photocopying and faxing. In an appeal letter dated July 31, 2013, the attending provider sought authorization for Naprosyn, Protonix, Butrans, and Ultracet. It was stated that the applicant was using Protonix for heartburn. The note was highly templated and predominantly comprised of various guidelines. On November 15, 2013, the applicant was described as not having responded favorably to work hardening. The applicant apparently attempted to go back to work but states that it is problematic. The applicant now states that he is pursuing a medical retirement from the police department, at age 37. The applicant was using Protonix for gastritis. The applicant stated that Naprosyn was causing intolerable GI side effects. The attending provider stated that he would try the applicant at a reduced rate of four hours a day. The attending provider further noted that the applicant's usage of Buprenorphine was causing side effects of nausea and vomiting, which the applicant was apparently unable to tolerate. An earlier note of October 31, 2013 seemingly suggested that the applicant was deriving some analgesia from Tramadol, which was generating slight relief of pain and affording the applicant the ability to return to light duty, modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG/HR PARTCH MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids and Buprenorphine topic Page(s): 79,26-27.

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, Butrans is recommended primarily for treatment of opioid addiction. It is also recommended as an option for chronic pain in applicants who have been detoxified from opioids who have a history of opioid addiction. In this case, however, the applicant has no reported issues with opioid addiction or opioid dependence. There is no evidence that the applicant was intent on withdrawing from opioids. It is further noted that the applicant ultimately developed intolerable adverse effects with Butrans, which eventually led both the attending provider and applicant to agree that discontinuing the same was the most appropriate course of action, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that the presence of continuing pain with intolerable adverse effects should lead a primary treating provider to discontinue the offending opioid. Accordingly, the request is not certified, for all of the stated reasons

TRAMADOL/APAP 37.5/325MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and When to Continue Opioids Page(s): 94, 80.

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is indicated in the treatment of moderate-to-severe pain, as was present here. It is further noted that the applicant appears to have met or partially met the cardinal criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, specifically, the applicant did reportedly return to work, admittedly on a part-time basis, as a police officer. The applicant was reportedly deriving some analgesia with ongoing Tramadol (Tramadol-acetaminophen) usage. Continuing the same, on balance, is/was therefore indicated. Accordingly, the request is certified, on Independent Medical Review.

NAPROXEN SODIUM- 500MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral NSAIDs for Chronic Low Back Pain, Other Chronic Persistent Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risks Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, cessation of the offending NSAID is an appropriate option to manage NSAID-induced dyspepsia. In this case, the applicant did have ongoing issues with reflux, heartburn, and gastritis, apparently induced as a result of ongoing Naprosyn usage. Discontinuing the offending NSAID, Naprosyn, was/is indicated and appropriate, as both the attending provider and applicant ultimately concluded. Accordingly, the request is not certified, on Independent Medical Review

PANTAPROZOLE PROTONIX 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral NSAIDs for Chronic Low Back Pain, Other Chronic Persistent Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GI Symptoms, and Cardiovascular Risks topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as was present here. The applicant was having issues with reflux and heartburn, reportedly induced as a result of ongoing Naprosyn usage. Introduction and usage of Protonix, proton pump inhibitor, was indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.