

Case Number:	CM13-0015101		
Date Assigned:	10/04/2013	Date of Injury:	08/14/2012
Decision Date:	02/13/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 37-year-old male who sustained a work related injury on 08/14/2012. Subjectively, the patient reported complaints of chronic low back and lower extremity pain. The patient reported that medications helped with pain reduction and allowed for greater function. The patient rated his pain 7/10 without medications and 3/10 with medications. Objectively, the patient appeared to be in no distress, no evidence of sedation was noted, and a nonantalgic gait was noted with ambulation. The patient's medications consisted of naproxen, Protonix, Sentra, Ultracet, Buprenorphine 0.1 mg, and Singulair. The patient's prior treatments include facet injections, physical therapy, chiropractic treatment, medication management, and work hardening. A request for authorization was made for Butrans 10 mcg/hour patch, Ultracet 37.5/325 mg, naproxen sodium 550 mg, and Pantoprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Butrans 10mcg/hr patch, #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opiates, when to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: CA MTUS Guidelines recommends the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical information submitted for review indicated that the patient was trialed on a sublingual version of Buprenorphine, but there is no objective documentation of sustained pain relief with the use of the medication. Additionally, there is no documentation to indicate that the patient has reduced the use of his other pain medication with the use of Butrans. Given the above, the request cannot be validated. As such, the request for purchase of Butrans 10 mcg/hour patch mcg #4 is non-certified.

Purchase of Tramadol/APAP 37.5/325mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opiates, when to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: CA MTUS Guidelines recommends the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical provided indicate that the patient has significant pain reduction and functional improvement with utilization of the requested medication, and that the nausea side effect from which he was suffering had subsided. There was no documentation of any noted aberrant behaviors. Given the above, the request for the above medication is supported. As such, the request for purchase of tramadol/APAP 37.5/325 mg #180 is certified.

Naproxen Sodium 550mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 68.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis and ankylosing spondylitis. NSAIDs are also recommended as an option for short-term symptomatic relief of chronic back pain. The clinical notes provided indicate that the patient has been on the requested medication since at least 11/2012 with no objective documentation of significant improvement being achieved through its continued use. As such, the request is not supported. Therefore, the request for purchase of naproxen sodium 550 mg #90 is non-certified.

pantoprazole (Protonix) 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-proton pump inhibitors and MTUS NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: CA MTUS Guidelines state, "Proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia." The clinical information submitted for review failed to establish the presence of dyspepsia either NSAID induced or stand alone. As such, the request for a proton pump inhibitor cannot be validated; therefore, the request for purchase of Pantoprazole (Protonix) 20 mg #60 is non-certified.