MAXIMUS Federal Services

Case Number:	CM13-0034142		
Date Assigned:	12/06/2013	Date of Injury:	04/16/1998
Decision Date:	02/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Georgia. 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 claimant is a 55-year-old injured worker presented with chronic neck and bilateral hand pain following a work-related injury on April 16, 1998. The claimant describes the pain in the neck as pins, intermittent burning and itching radiating from the neck down to the shoulders. The pain is associated with intermittent headaches, and numbness in the hands. The physical exam was significant for decreased cervical range of motion, paraspinal tenderness, tenderness to right C3 and C4 levels, and muscle tightness. MRI of the cervical spine on March 19, 2013 was significant for 2.4 mm left posterior lateral protrusion, moderate left foraminal encroachment, marked left facet arthropathy at C3-4, desiccated 1.4 mm diffuse posterior annular bulge at C4-5, fusion level has AP canal of 11.3 mm at C5-6, fusion level has AP canal of 10.6 mm at C6-7, and minimal anterior subluxation of C7 on T1 and 2.1 mm posterior bulge. The claimant has tried cervical facet radiofrequency on the right C3 and C4 but only reported one month of relief. The claimant's relevant medications include Opana ER 20 mg, Opana IR 5 mg, Protonix 40 mg, Cymbalta 60 mg, Ibuprofen 600 mg and hot flash by source naturals. The claimant was diagnosed with cervical spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg ,11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines does not make a direct statement on proton pump inhibitors (PPI) but does in the section on NSAID use page 67. Long term use of PPI, misoprostol, or Cox-2 selective agents has been shown to increase the risk of Hip fractures. The CA MTUS does state that NSAIDs are not recommended for long term use as well if there is possible gastrointestinal (GI) effects, another line of agent should be used for example acetaminophen. The request for Protonix 40mg, eleven refills is not medically necessary and appropriate.

Opana ER 20mg, 11 refills, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The request for Opana ER 20mg, 11 refills, quantity 60, is not medically necessary and appropirate.

Opana IR 5mg, 11 refills, quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The request for Opana IR 5mg, 11 refills, quantity 180, is not medically necessary and appropriate.

Ibuprofen 600mg, 11 refills, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines page 67, state, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The claimant has been on long-term Ibuprofen; therefore the request cannot be supported. The request for Ibuprofen 600mg, 11 refills, quantity 60, is not medically necessary and appropriate.