

Case Number:	CM13-0041520		
Date Assigned:	12/20/2013	Date of Injury:	05/08/2008
Decision Date:	04/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This is a 62 year old female patient s/p injury 5/8/08. 8/27/13 progress note states that the patient has lower back pain radiating to the right leg. The pain without medication is 9/10. The pain with medications has been 6/10. The patient is noted to be prescribed Norco 10/325mg taken three times a day as needed for pain relief. She has been taking the medication as prescribed with significant pain relief with functional improvement. She is also prescribed Opana ER. She takes pantoprazole for GI irritation/reflux. She has been taking the medication as prescribed and reports less heartburn. She also takes Baclofen for muscle spasms. There is documentation of a 10/4/13 adverse determination. The PPI was not authorized as there was no evidence of GI upset or recent NSAID use. The cyclobenzaprine was not authorized as guidelines do not support long term use of cyclobenzaprine. The opioid was not authorized as there was no objective evidence of functional benefit, symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE PANTOPRAZOLE 20MG #60: 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, AND CARDIOVASCULAR RISK, Page(s): PAGE 68..

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that PPI medications such as omeprazole or misoprostol or a Cox 2 selective agent are used for patients at intermediate or high risk for GI events. This patient is noted to have some heartburn. However, it is not clear why a first line agent (such as omeprazole) is not being used. Pantoprazole is considered a second line agent. The request is not medically necessary.

PHARMACY PURCHASE OF HYDROCODONE/ APAP 325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Page(s): PAGES 79-81..

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has a 2008 date of injury. She is taking Norco reportedly for breakthrough pain. There is evidence of functional benefit and pain relief. However, there is no clear evidence of monitoring for adherence and compliance. There is no documented signed pain contract, urine drug screens, or assessment of dependence/aberrant behaviors. There are no objective measures of functional improvement. The request is not medically necessary.

PHARMACY PURCHASE OF CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS. Page(s): PAGE 63..

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. This patient has a 2008 date of injury with chronic low back pain. There is no evidence of an acute muscle spasm condition that would necessitate the use of cyclobenzaprine. Guidelines generally do not support the long term use of muscle relaxants for chronic pain conditions. The request is not medically necessary.