

Case Number:	CM13-0061995		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2010
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 61 year old female who was injured on 9/23/2010. The diagnoses listed are bilateral knee pain, left elbow and low back pain. The past surgical history is significant for left knee arthroscopy and left elbow injections. The medications listed are Fexmid for muscle spasm, Norco for pain and Protonix for gastrointestinal symptoms. On 11/15/2013, [REDACTED] noted that the patient was ambulating with the help of a cane. The objective findings were swelling of the knee, positive McMurry's test and tender left epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for the short term treatment of severe pain during periods of exacerbation of chronic pain that is non-responsive to standard NSAIDs, physical

therapy and exercise. Opioids could also be utilized for maintenance treatment for patients who have exhausted all forms of treatment including surgeries, interventional pain management, behavioral modification and psychiatry treatment. The required documentation during chronic opioid treatment should include compliance monitoring such as Pain Contract, UDS, absence of aberrant behaviors and improvement of ADL/functional restoration. The records indicate that in 2013, Remeron was discontinued and the dosage of Hydrocodone was reduced from 10/325mg 2-4 per day to 5/325mg. The dose reduction did not result in increase in pain. The available record did not provide details on the required documentation. The criteria for continuation of Norco 5/325 #120 were not met.

UNKNOWN PRESCRIPTION OF PROTONIX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 68-71

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors for the prevention and treatment of NSAIDs induced gastrointestinal complications. The chronic use of NSAIDs can be associated with gastrointestinal, renal and cardiovascular complications. The incidence of these complications are increased in patients who are more than 65 year old and have a history of peptic ulcer disease or GI bleed. The documentation did not show that the patient is utilizing any NSAID medication. [REDACTED] indicated in the appeal record that the purpose for the Protonix use was to prevent any opioid induced GI upset. This is not an approved indication for Protonix. The opioid medication is in the process of being weaned. The criteria for the use of Protonix was not met.