

Case Number:	CM13-0071933		
Date Assigned:	01/08/2014	Date of Injury:	11/18/2011
Decision Date:	04/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 reported an injury on 11/18/2011. The mechanism of injury was not stated. The patient is currently diagnosed with cervical disc displacement and disc degeneration. The patient was recently seen by [REDACTED] on 12/16/2013. The patient reported 7/10 neck pain. Physical examination revealed tenderness to palpation, decreased range of motion, spasm, and intact sensation in the bilateral upper and lower extremities. Treatment recommendations at that time included prescriptions for Flexeril, Protonix, Norco, and Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX DR 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor,

even in addition to a nonselective NSAID. Based on the medical records provided for review there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. The request for Protonix DR 20 mg # 60 is not medically necessary and appropriate.

NORCO/HYDROCODONE 5/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioid should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has utilized Norco 5/325 mg every 6 hours as needed for pain, since at least 07/2013. Despite ongoing use of this medication, the patient continues to report 7/10 neck pain. The patient continues to demonstrate tenderness to palpation, decreased range of motion, and spasm. Satisfactory response to treatment has not been indicated. The request for Norco/Hydrocodone 5/325 mg # 60 is not medically necessary and appropriate.