

Case Number:	CM14-0001726		
Date Assigned:	01/22/2014	Date of Injury:	07/11/1997
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 & Rehabilitation 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 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 53-year-old female who reported an injury on 07/11/1997. The mechanism of injury was noted to be that the patient had a tray of grape plants that slipped out off her shoulder, and the patient had simultaneous twisting, resulting in a pulling of the back and leg pain. The patient's diagnoses were noted to include shoulder joint pain, brachial neuritis, chronic pain, thoracic spine pain without radiculitis, neck pain, occipital headaches, cervical radiculopathy, shoulder impingement, supraspinatus tenosynovitis and cervical osteoarthritis. The patient's current medications were noted to be Bentyl for gastric irritation, Effexor 75 mg, calcium pills, Duragesic 50 mcg patch 1 patch to skin to change every 2 to 3 days for long-acting pain control, Metamucil powder 1 tsp in water 2 to 3 times a day for constipation from pain meds, Vicodin 10/325 one tablet every 8 hours, topiramate 50 mg 1 tablet by mouth every 12 hours for nerve pain and Prilosec 1 tablet by mouth daily as needed for heartburn from pain medications and cyclobenzaprine 7.5 mg 1 tablet 2 times a day. The most recent physician note indicated that the patient continued with pain at a 9/10 and was inadequately improved overall. It was indicated that a recent change in medications helped the patient partially. The request was made for continued Vicodin and Prilosec

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing medications Page(s): 60,78.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation that the patient is being monitored for aberrant behavior and documentation of side effects. The most recent physician note indicated that the patient continued with pain at a 9/10 and was inadequately improved overall. It was indicated that a recent change in medications helped the patient partially. The clinical documentation submitted for review failed to provide documentation of the above recommendations. Given the lack of documentation, the request for 1 prescription of Vicodin 10/325 mg #90 is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009)

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above and the lack of documentation, the request for 1 prescription of Protonix 20 mg #30 is not medically necessary.