

Case Number:	CM14-0004643		
Date Assigned:	01/22/2014	Date of Injury:	12/17/1989
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Sports 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 injured worker is a 56 year old female who reported an injury on 12/17/1989, due to an unknown mechanism. The clinical note dated 12/03/2013 presented the injured worker with pain in the low back, mid back, neck, and "leg". The injured workers physical exam revealed cervical spine tightness, a grip strength value of 42 on the right, 46 on the left, and evidence of chronic discongenic pain. The provider recommended Butrans 10MG and Pantoprazole (Protonix) 40MG. The request for authorization form for the Butrans patch is dated 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MG, #8 REFILLS 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The California MTUS guidelines recommend Butrans as an option for treatment of opiate addiction, injured workers at high-risk of non-adherence with standard opioid maintenance, and for analgesia in patients who have previously been detoxified from other high-dose opioids. The requesting physician is recommending Butrans to decrease the need for

breakthrough medications, and to provide a "blanket pain management coverage." The included medical documentation does not provide an accurate and complete pain assessment. There is also no evidence of non-adherence with the injured workers current opioid regimen. Therefore, the request for Butrans 10mg is not medically necessary.

PANTOPRAZOLE (PROTONIX) 40MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Sypmtoms and Cardiovascular Risk Page(s): 68.

Decision rationale: Pantoprazole is under the NSAID drug class as a Proton Pump Inhibitor. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore, the request for Pantoprazole is not medically necessary.