

Case Number:	CM14-0010723		
Date Assigned:	02/21/2014	Date of Injury:	08/31/2010
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation 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 sustained an injury on 08/31/10 while moving heavy objects at a construction site. The injured worker was followed for complaints of chronic low back pain with complaints of pain in the lower extremities. The patient was followed for pain management with [REDACTED]. The patient utilized medications including Topamax, Nucynta, pantoprazole, Norco, Effexor, and a topical compounded medication including cyclobenzaprine and gabapentin. The most recent urine drug screen findings were positive for opiates. Per the clinical record on 12/30/13 the patient had persistent pain 5/10 on Visual Analogue Scale (VAS). The patient reported some benefits from Nucynta, however he required Norco for breakthrough pain which provided some functional improvement. On physical examination the patient continued to note tenderness to palpation in the lumbar facet joints. No other neurological deficits were identified. Given that Norco was beneficial the injured was recommended to continue with Norco at 10/325mg every six hours half tablet for breakthrough pain. Pantoprazole was also continued at this visit. Follow-up on 04/22/14 noted the patient was being followed by a gastroenterologist regarding dyspepsia (indigestion) to see if this was related to the injury. At the time of follow-up, it was recommended to continue utilizing a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The injured was attending physical therapy per the report. Physical examination findings were essentially unchanged. The patient returned for follow-up on 02/14/14. The patient was pending physical therapy. Pain was maintained at 5/10 on Visual Analogue Scale (VAS). Physical examination findings remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: RETRO PANTOPRAZOLE 20MG #30 DISPENSED 12-30-2013:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Nsaids, Gi Symptom.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: Per the records the patient has been followed for ongoing dyspepsia. The patient was pending referral to gastroenterologist regarding this condition. Given the ongoing dyspepsia and the continuation of multiple medications including anti-inflammatories narcotics and psychotropic medications the use of a proton pump inhibitor to avoid any continuing gastric upset or acid reflux would be medically necessary and standard of care. Therefore, the request for Pantoprazole 20mg #30 (DOS 12-30-2013) is medically necessary and appropriate

MEDICATION: RETRO NORCO 10/325 MG #90 DISPENSED 12-30-2013: Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, page(s) Page(s): 88-89.

Decision rationale: The patient reported good results with Norco as a breakthrough pain medication. Pain scores were controlled at 5/10 on Visual Analogue Scale (VAS). There was no evidence of any diversion or aberrant medication use. Narcotics screens were compliant through 12/13. The patient was also pending further physical therapy indicating that he was functionally active with these medications. Given the efficacy maintained with Norco and compliance noted in the clinical records the use of this medication would be supported based on guideline recommendations that indicate short acting narcotics such as Norco can be supported as medically appropriate when there is evidence of functional benefit and pain reduction. Therefore the request for Norco 10/325mg #90 (DOS 12-30-2013) is medically necessary and appropriate.