

Case Number:	CM14-0011128		
Date Assigned:	03/05/2014	Date of Injury:	03/24/2013
Decision Date:	07/18/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Family Medicine, 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 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 54 year old woman who was injured at work on 3/24/2013. The injury was primarily to her low back and neck. She is requesting review of a denial for Protonix DR 20 mg and Butrans 10 mcg Patch. The medical records corroborate ongoing treatment for low back pain. The pain is described as severe and radiates down the right leg. Ongoing diagnoses include: L5-S1 Herniated Nucleus Pulposus; Lumbar Spine Stenosis; Cervical Degenerative Joint Disease and Degenerative Disc Disease. Treatments have included: NSAIDs, Gabapentin, Lumbar Epidural Corticosteroid Injections, Lumbar Decompression Surgery, Butrans Transdermal Patch, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX DR 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for the use of proton pump inhibitors in combination with an NSAID. These criteria indicate that

a proton pump inhibitor is recommended for a patient determined to be at "risk for a gastrointestinal event." These risk criteria include the following: 1. Age > 65; 2. History of a Peptic Ulcer; 3. Concurrent Use of ASA, Corticosteroids, and/or an Anticoagulant; 4. High Dose/Multiple NSAIDs. There is no documentation in the medical records to indicate that this patient is at risk for a gastrointestinal event and therefore, the use of the proton pump inhibitor, protonix, is not considered as medically necessary.

BUTRANS 10MCG PATCH 1Q/7 DAYS, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-89.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for the appropriate use of opioids. These criteria indicate that there should be a therapeutic trial of opioids (Page 76). The therapeutic trial should include the establishment of a treatment plan. There is no evidence from a review of this patient's medical records that the treating physician has met these specific criteria. Further, there is no evidence from the medical records that there have been efforts to meet the criteria for on-going management (Page 78). Specifically, there is no documentation of the "4 A's for Ongoing Monitoring." These actions should include monitoring of pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-taking behaviors. The evidence from the medical records indicates that the patient has chronic back pain and that she has failed to respond to a time-limited course of opioids (Page 80). There is no documentation in the records to indicate that failure to respond has led to a reassessment and consideration of alternative therapy. Finally, there is no evidence to indicate that the patient has undergone an assessment consistent with long-term use; i.e. 6-months or more (Pages 88-89). The reassessment should include: documentation on whether the diagnosis has changed, the efficacy of other medications, changes in pain and functional improvement compared to a baseline, determination of adverse side effects, the need for psychological counseling, and assessment for abuse/addiction. In summary, there is insufficient documentation in the medical records to support the ongoing use of opioids in this patient. The request is not considered as medically necessary.