MAXIMUS Federal Services

Case Number:	CM14-0011358		
Date Assigned:	02/21/2014	Date of Injury:	12/03/2004
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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:

This is a 52-year-old female with a 12/3/04 date of injury. Through her usual and customary job duties typing, she developed bilateral shoulder, neck, upper back, bilateral elbow, and bilateral wrist pain. In a 12/16/13 progress note, the patient reported continuous neck and upper back pain. She rated the pain as 4/10 and described it as aching, dull, and throbbing. The pain radiates to the right shoulder. The pain is aggravated with overhead movement, overhead work, and sitting for too long. The pain is improved with oral pain medication, rest, and acupuncture. Objective findings: movements are restricted with flexion limited to 160 degrees and abduction limited to 90 degrees. On sensory examination, light touch sensation is decreased over medial hand, lateral hand, medial forearm, and lateral forearm on the right side. Diagnostic impression: cervical disc degeneration, carpal tunnel syndrome, brachial neuritis or radiculitis, myalgia and myositis. Treatment to date: medication management and activity modification.A UR decision dated 1/21/14 denied the request for Protonix. There was no documented subjective/objective evidence to support the medical necessity of Protonix for the treatment of the effects of the industrial injury. The prescribed Naprosyn was accompanied by a prescription for Protonix without documentation of complications. There were no documented GI effects of the NSAIDs. The patient was not noted to have a need to protect the stomach lining from the effects of NSAIDs. The same UR decision denied the request for Senokot. Senokot is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of hydrocodone. The patient is prescribed a stool softener. Senokot is not medically necessary for the treatment of constipation due to hydrocodone over the available diet, exercise, and OTC remedies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, #60 (DOS: 12/13/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 22; 67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA Pantoprazole (Protonix).

Decision rationale: CA MTUS does not address this issue. ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. There is no documentation in the progress notes reviewed indicating that the patient is suffering from a gastrointestinal condition nor in need of prophylaxis. In addition, it is noted that the patient has previously been on omeprazole, which is a first-line agent, however, there is no discussion as to why the patient is being switched to pantoprazole. Therefore, the request for protonix 20mg, #60 (DOS: 12/13/2013) was not medically necessary.

SENOKOT 100MG, #100 (DOS: 12/13/2013) ,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-82.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Senna).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Senna is indicated for short-term treatment of constipation; preoperative and pre-radiographic bowel evacuation or for procedures involving the GI tract. In a progress note dated 11/14/13 there is documentation that the senokot was discontinued by the treating physician. In addition, there is no clear documentation as to why the patient needs this medication, it is unclear why the physician is requesting authorization. Furthermore, there is no documentation in the progress reports reviewed stating that the patient is suffering from constipation. Therefore, the request for Senokot 100mg, #100 (DOS: 12/13/2013) was not medically necessary.