MAXIMUS Federal Services

Case Number:	CM14-0014059		
Date Assigned:	02/26/2014	Date of Injury:	12/13/2003
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 64-year-old female with a 12/13/03 date of injury due to continuous trauma. The patient has tenderness, spasms, and reduced range of motion in the cervical spine; reduced sensation; and reduced and painful range of motion in the shoulders. An 11/15/13 Procedure report documented steroid injection of bilateral knees; Hylagan injection; and intraoperative arthrogram. A 4/21/10 AME documented medications that include Ibuprofen; Pantoprazole; Celebrex; Advil; Keto-Lido rub; BenGay rub; Melatonin; and Herba-life Sleep; as well as multivitamins. A 1/8/14 Pain Management note described ongoing pain in bilateral knees; pain and clicking in the shoulders; and bilateral knee pain. The patient is doing well on Ibuprofen with improvement of headaches, and no nausea and vomiting. Celebrex was recommended to reduce GI side effects. Treatment to date has included chiropractic treatment; Hyalgan injection; PRP; and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #90 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2. NSAIDS Page(s): 46.

Decision rationale: Medical necessity for the requested Motrin is not established. The California MTUS indicates that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the ODG indicates that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The injured worker has a 2003 date of injury. There is no discussion regarding specific improvement in VAS (visual analog scale) scores or functional improvement due to NSIAD use. Due to associated gastric complaints, chronic use of NSAIDs are not generally recommended. There is no description of an acute exacerbation. The request for Motrin is not medically necessary.

PROTONIX 40 MG #60 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, Pantoprazole Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton Pump Inhibitors (PPIs); and the non-MTUS Citation: Food and Drug Administration (FDA): Protonix.

Decision rationale: Medical necessity for the requested Protonix is not established. MTUS chronic pain medical treatment guidelines indicate that proton pump inhibitors can be recommended for those patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The ODG indicates that 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 discussion of a trial of Omeprazole or Lansoprazole, and the associated request for NSAID was not found medically necessary. Likewise, the request for Protonix is not substantiated and is not medically necessary.