

Case Number:	CM14-0112037		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2013
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 02/18/2013 after rolling a trashcan that got caught on the lip of a door. The injured worker reportedly sustained an injury to his elbow and left biceps tendon. The injured worker's treatment history included biceps rupture tendon repair, a Functional Restoration Program and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 06/16/2014. It was documented that the injured worker had "11/10" pain without medications, reduced to a 4/10 to 5/10 pain with medications that allowed for performance of light cleaning. It was noted that the injured worker was tolerating medications well and without any significant side effects. Physical findings included an unassisted nonantaglic steady gait. The injured worker's medications included Cyclobenzaprine, Gabapentin, Pantoprazole, Venlafaxine, Hydrocodone, Advair And Clonidine. The injured worker's diagnoses included pain in limb, neck pain and cervicobrachial syndrome. A request was made for refill of medications. A letter of appeal dated 07/14/2014 indicated that the injured worker received an adverse determination for a refill of Pantoprazole and Hydrocodone for a date of service 06/16/2014. It was noted that the adverse determination included that there was a lack of assessment for risk factors for developing GI disturbances related to medication usage. It was noted within the appeal letter that the injured worker had been on Naproxen and Ibuprofen for an extended period and had a history of gastrointestinal side effects related to the use of those medications. Additionally, it is noted that the use of Norco put the injured worker at risk for developing gastrointestinal symptoms. Additionally, it was noted that the adverse determination for Hydrocodone included that there was a lack of documentation that the injured worker was receiving medications from a single practitioner and that the injured worker was monitored for aberrant behavior. It was noted in the Letter of Appeal that a DEA CURES Report, submitted on

06/16/2014 was consistent with the injured worker receiving medications from a single practitioner and that the injured worker had undergone a urine drug screen on 04/30/2014 that was positive for opioids and negative for benzodiazepines. It was noted that this was consistent with the injured worker's medication schedule. Therefore, a refill of Pantoprazole and Hydrocodone was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20 mg #60, take 1-2 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: The requested Pantoprazole/Protonix 20 mg #60 take 1 to 2 daily is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use for gastrointestinal protectants for injured workers at risk for developing gastrointestinal events related to medication usage. The clinical documentation does indicate that the injured worker previously at gastrointestinal disturbances related to medication usage. However, Official Disability Guidelines recommend a trial of Omeprazole or Lansoprazole prior to the second line therapy of Protonix. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line medications and requires the addition of a second line medication. As such, the requested Pantoprazole/Protonix 20 mg #60 take 1 to 2 daily is not medically necessary.

HydrocodoneBIT/APAP 10-325mg #90; 1 tab q8hrs for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Weaning of Medication Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone BIT/APAP 10/325 mg #90 one tablet every 8 hours for pain is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic for injured workers who have documented functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief due to medication usage and functional benefit. It is also noted within the Letter of Appeal dated 07/14/2014 and on the clinical note provided from 04/2014 that the injured worker

underwent a urine drug screen that was consistent with the prescribed medication schedule and has a consistent DEA CURES report. It is also noted within the documentation that the injured worker does not have significant side effects related to the use of this medication. As such, the continued use of this medication would be indicated in this clinical situation. As such, Hydrocodone BIT/APAP 10/325 mg #90 one tablet every 8 hours for pain is not medically necessary.