

Case Number:	CM14-0115384		
Date Assigned:	08/04/2014	Date of Injury:	03/12/2013
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/30/2014

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 38-year-old male who reported an injury on 03/12/2013 due to repetitive lifting. The injured worker reportedly sustained an injury to his right shoulder. The injured worker failed to improve with conservative treatments and underwent surgical intervention in 04/2013. The injured worker was treated postsurgically with physical therapy, a home exercise program, and medications. The injured worker's medications included Pantoprazole 20 mg and hydrocodone 10/325 mg. The injured worker was evaluated on 06/09/2014. It was documented that the injured worker had pain levels rated at a 6/10 to 7/10 that were reduced to a 4/10 to 5/10 with the use of medications. It was stated that the injured worker had no side effects with medications and was tolerating them well. Physical findings included capillary refill with no abnormal pigmentation and no evidence of hypertrophic scar or keloid formation. The injured worker's medications included Pantoprazole, trazodone, hydrocodone/APAP, gabapentin, Nabumetone, aspirin, and Norflex. The injured worker's diagnoses included neck pain, and cervicobrachial syndrome. The injured worker's treatment plan included a medication refill and a confirmatory urine drug screen as the patient's point of contact drug screen was negative for opioids and positive for marijuana. A letter of appeal was written on 07/16/2014. It was noted that the injured worker's request for Pantoprazole was denied secondary to a lack of documentation of failure to respond to first line treatments and an inadequate assessment of the injured worker's gastrointestinal system. In the denial it was noted that the injured worker developed gastritis secondary to medication usage and had good benefit from the use of Pantoprazole. It was also noted that Norco received an adverse determination secondary to a lack of documentation that the injured worker was receiving medications from a single provider and was regularly monitored for aberrant behavior. A request for authorization for a refill of medications was submitted on 06/09/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Proton Pump Inhibitors.

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, Elizabeth Casillas 13097 template.

Decision rationale: The requested Pantoprazole 20mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants be supported by an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. The clinical documentation included a chart note from 06/09/2014 that indicated the patient had no side effects related to medication usage. This is inconsistent with the submitted letter of appeal which documents that the injured worker has acute gastritis related to medication. Also, Official Disability Guidelines, recommend that Pantoprazole is a second line treatment after there is a failure to respond to first line medications. The clinical documentation submitted for review does not indicate that the injured worker has failed to respond to first line treatments and requires a second line medication. Furthermore, the request as it is submitted does not clearly identify frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pantoprazole 20mg #60 is not medically necessary or appropriate.

Hydrocodone 10/325mg #30: Upheld

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

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

Decision rationale: The requested Hydrocodone 10/325mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids be supported by 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 is monitored for aberrant behavior. The clinical documentation also provides that the injured worker has a reduction in pain related to medication usage. However, the clinical documentation submitted for review fails to provide any evidence that the injured worker has any functional benefit resulting from medication use. Additionally, the request as it is submitted does not clearly define

a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone 10/325mg #30 is not medically necessary or appropriate.