

Case Number:	CM14-0156512		
Date Assigned:	09/26/2014	Date of Injury:	12/22/2012
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for headaches, neck pain, and vertigo reportedly associated with an industrial injury of December 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; medications for vertigo; and extensive periods of time off of work. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for meclizine, Protonix, and Tylenol with Codeine. The applicant's attorney subsequently appealed. In a March 25, 2014 progress note, the applicant reported persistent complaints of headaches, neck pain, vomiting, vertigo, and dizziness. Ancillary complaints of mid back pain were noted. The applicant was reportedly using Tylenol No. 3, Zantac, and Antivert. Protonix, Antivert, and Tylenol No. 3 were dispensed on this occasion. It was stated that Protonix was being employed to prevent gastrointestinal upset and to protect the stomach. The applicant was placed off of work. In a June 10, 2014 progress note, the applicant was again placed off of work, on total temporary disability, while Tylenol No. 3, Protonix, and Antivert were endorsed. The applicant continues to report nausea, vomiting, and dizziness, along with neck pain, eye pain, and headaches. On July 22, 2014, the applicant reported persistent complaints of headaches, neck pain, nausea, and vomiting. The applicant was reportedly having nausea and vomiting several times daily, associated with headaches. The applicant denied any heartburn or reflux-type symptoms. The applicant was given Tylenol No. 3, Protonix, and Antivert.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 12.5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011054/?report=details>

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: Food and Drug Administration (FDA), Meclizine Medication Guide

Decision rationale: The MTUS does not address the topic of meclizine. However, as noted by the Food and Drug Administration (FDA), Antivert or meclizine is considered effective in the management of nausea, vomiting, dizziness associated with motion sickness and is "possibly effective" in the management of vertigo associated with diseases affecting the vestibular symptoms. In this case, the applicant does have issues with nausea, vomiting, and dizziness, which have been alleviated with ongoing usage of meclizine. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Pantoprazole sodium DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 63.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the applicant was described on an office visit of September 22, 2014 as specifically denying any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Ongoing usage of Protonix is not, consequently, indicated. Therefore, the request for Pantoprazole (Protonix) is not medically necessary.

Acetaminophen/Codeine No. 3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Codeine Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In

this case, however, the applicant is off of work, on total temporary disability, despite longstanding usage of Tylenol No. 3. The applicant's pain complaints appear heightened from visit to visit, despite ongoing usage of Tylenol No. 3. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Tylenol with Codeine usage. Therefore, the request is not medically necessary.