

Case Number:	CM14-0173940		
Date Assigned:	10/27/2014	Date of Injury:	08/23/2012
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/22/2014

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 chronic elbow pain, wrist pain, and low back pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; a TENS unit; unspecified amounts of physical therapy; and earlier cubital tunnel release surgery of September 25, 2013. In a Utilization Review Report dated September 16, 2014, the claims administrator partially approved a request for Vicoprofen, denied a request for Protonix, approved Effexor, and approved a followup evaluation. The applicant's attorney subsequently appealed. It was suggested that these requests represented retrospective requests, although the date of the service at issue was not furnished. In a progress note dated August 29, 2014, the applicant was given prescriptions for Vicoprofen, Protonix, Effexor, and lumbar support. The applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck, shoulder, low back, wrist, and elbow pain with derivative complaints of depression. The applicant's medication list included Effexor, several dietary supplements, Soma, Naprosyn, and hydrocodone. In an earlier note dated August 8, 2014, the applicant was previously given Vicoprofen, Protonix, Effexor, and a lumbar support. The applicant was, once again, placed off of work, on total temporary disability. The applicant had received acupuncture and several shoulder injections, it was further noted. The medications were refilled with no explicit discussion of medication efficacy. It was stated that the applicant was considering a shoulder surgery. In the review of systems section of the note, it was explicitly stated that the applicant denied issues with heartburn, nausea, vomiting, or constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 mg, 1 tab q.i.d. p.r.n., #120 (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicoprofen usage. Therefore, the request is not medically necessary.

Protonix 20 mg 1 tab qd, #30 (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are recommended in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file, referenced above, were notable for explicit comments that the applicant denied any issues with reflux, heartburn, and/or dyspepsia in the review of systems portion of the note, effectively arguing against the need for Protonix. Therefore, the request was not medically necessary.