

Case Number:	CM14-0176764		
Date Assigned:	10/30/2014	Date of Injury:	06/13/2013
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 06/13/2013. The date of the utilization review under appeal is 10/15/2014. On 08/06/2014, the patient was seen in treating physician follow-up. The patient had recovered somewhat from shoulder surgery but continued with shoulder pain. The patient also had ongoing wrist and elbow pain. The patient was taking naproxen 1-2 tablets every 12 hours for anti-inflammatory effects and also Protonix for gastrointestinal side effects and also Flexeril for muscle spasms and Gabapentin for sleepiness as well as a stool softener. Additionally, the patient was taking Hydrocodone/APAP 2.5 mg/325 mg 1-2 tablets every 12 hours for pain. The patient was continuing with cognitively behavioral therapy. The treating physician felt the patient's medications were working well and the patient was to receive refills as necessary. On gastrointestinal review of systems, the patient denied constipation, heartburn, nausea, abdominal pain, or black tarry stools. An initial physician review noted that there were no apparent indications for Protonix given that the patient was not on an NSAID. This review additionally noted that the patient's opioid was low enough such that the efficacy was not clear and it would be safer for the claimant instead to cut a 5/325 mg tablet in half given the Tylenol component.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective- dispensed on 8/6/14- Pantoprazole- Protonix 20mg, 1-2 daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state that the clinician should determine if the patient is at risk for gastrointestinal events. The treating physician notes briefly discuss a history of gastrointestinal upset but also note that a current gastrointestinal review of systems is unremarkable. It is not clear that this patient is taking a medication which requires gastrointestinal prophylaxis. Overall, the medical records and guidelines do not provide a rationale for gastrointestinal prophylaxis. This request is not medically necessary.

Retrospective- dispensed on 8/6/14- Hydrocodone Bit/APAP 2.5/325mg, q 12 hrs, #30:
Overturned

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 Acetaminophen, Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state regarding acetaminophen that this is recommended for treatment of chronic pain and acute exacerbations of chronic pain. Additionally, the same guidelines on page 78 include utilizing the lowest possible dose to improve pain and function. This patient has been prescribed a very low dose of hydrocodone and acetaminophen which together have been reported by the patient to be effective. This is an ideal example of recommendations in the treatment guidelines. The rationale for the initial physician reviewer's recommendation to instead cut a 5/325 mg tablet in half is not apparent and does not appear to be supported by the guidelines. Overall, this request does meet the four A's of opioid management and is supported by the treatment guidelines. This request is medically necessary.