

Case Number:	CM14-0185997		
Date Assigned:	11/13/2014	Date of Injury:	09/06/2005
Decision Date:	12/22/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 patient is an injured worker with neck and back pain. Date of injury was 09/06/2005. The progress report dated 10/21/2014 documented subjective complaints of neck and back pain. Neck and back pain had been increasing over the course of a few days. The patient reported relief with medication usage and increased in her activities of daily living. On physical examination, there was tenderness throughout the cervical, thoracic and lumbar musculatures. Hypertonicity is palpable in these regions. Range of motion of the cervical spine and lumbar spine was decreased. Deep tendon reflexes were normal. Diagnoses were cervical sprain strain, myofascial pain syndrome cervical, thoracic sprain strain, myofascial pain syndrome lumbar, and lumbar disc syndrome chronic. Treatment plan included Norco 5/325 mg BID quantity #60, and Protonix 40 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40 mg # 30, by mouth every morning: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The medical records do not document gastrointestinal risk factors. No nonsteroidal anti-inflammatory drug (NSAID) use was documented. Because no gastrointestinal risk factors were documented, the request for Protonix (Pantoprazole) is not supported by MTUS guidelines. Therefore, the request for Protonix 40 mg # 30, by mouth every morning is not medically necessary.

Norco 5/325 mg # 60, 1 by mouth twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 74-96, 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The usual dose of 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (page 91). The progress report dated 10/21/2014 documented neck and back pain. Neck and back pain had been increasing over the course of a few days. The patient reported relief with medication usage and increased in her activities of daily living. On physical examination, there was tenderness throughout the cervical, thoracic, and lumbar musculatures. Hypertonicity is palpable in these regions. Range of motion of the cervical spine and lumbar spine was decreased. Diagnoses were cervical sprain strain, cervical myofascial pain syndrome, thoracic sprain strain, lumbar myofascial pain syndrome, and chronic lumbar disc syndrome. The medical records document objective evidence of pathology. Analgesia and relief with medication was documented. Medications improved activities of daily living. Medical records support the request for Norco 5/325 mg prescription. Therefore, the request for Norco 5/325 mg # 60, 1 by mouth twice a day is medically necessary.