

Case Number:	CM14-0192226		
Date Assigned:	11/25/2014	Date of Injury:	05/18/2010
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in Ohio. 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 44-year-old female who had a fall injury while climbing stairs on May 8, 2010. She complains of chronic left knee pain, low back pain, neck pain, and bilateral upper extremity pain. She has had 2 prior arthroscopic surgeries to the left knee. The diagnoses include fibromyalgia, sciatica, lumbosacral sprain/strain, neck strain/sprain, carpal tunnel syndrome, osteoarthritis of the left knee, lumbar facet disease, and diabetes with neuropathy. She has been treated with a variety of opioids including OxyContin, Norco, and tramadol without success. She had been making use of Butrans patches since at least July 2013. It is documented that without medication her pain was 10/10 and with the Butrans patches 8/10. She had improved functionality as evidenced by her ability to attend school, to increase her walking distance, and her ability to continue a home exercise program. She had also been making use of Protonix for nausea and abdominal pain. The gastrointestinal symptoms seem to have been exacerbated by sublingual buprenorphine but is speculated that the injured worker suffers from irritable bowel syndrome. The physical exam reveals diminish lumbar range of motion, spasm and tenderness of the lumbar paravertebral muscles and trapezius muscles, and diminished grip strength. Because the Butrans patches have been noncertified the injured worker has been switched to Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole-Protonix 20mg, 1 tab BID daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anti-emetics and NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The use of proton pump inhibitors such as Protonix to prevent gastrointestinal events such as ulceration may be appropriate if the injured worker is being prescribed in an NSAID and has one of the following risk factors (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Proton pump inhibitors may be considered for NSAID induced nausea/dyspepsia. In this instance, the injured worker is no longer taking sublingual buprenorphine which was thought to be the causative factor in her nausea. Additionally, there is no evidence that she has been prescribed an NSAID. Therefore, the retrospective approval for Pantoprazole-Protonix 20mg, 1 tab BID daily #60 is not medically necessary.

Retrospective Butran 20mcg/hr patch, apply every 7 Days #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Buprenorphine for chronic pain

Decision rationale: Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Patients prescribed opioids for chronic pain should have ongoing assessment for pain relief, functionality, medication side effects, and any adverse drug taking behavior. The opioids may generally be continued if there are improvements in pain and functionality as a consequence. In this instance, the injured worker did have improvements in pain and functionality while on Butrans patches. Urine drug testing was appropriate. Monitoring for medication side effects was occurring. Therefore, Butrans 20mcg/hr. patch, apply every 7 Days #4, is medically appropriate and necessary retrospectively.

