MAXIMUS Federal Services

Case Number:	CM14-0024840		
Date Assigned:	06/13/2014	Date of Injury:	02/25/2009
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Interventional Spine 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 a 43 year-old female with a 2/25/2009 date of injury. She has been diagnosed with lumbar disc displacement; neck pain, cervicocranial syndrome and cervicobrachial syndrome. On 2/5/14, UR reviewed a 2/3/14 medical report and recommended against use of docusate sodium 100mg #60; pantoprazole 20mg #60 and tramadol/APAP 37.5 mg #90. Unfortunately, the 2/3/14 medical report was not provided for this IMR. The closest report to that date is the 1/30/14 from [redacted]. The patient presents with neck, low back and bilateral upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR DOCUSATE SODIUM 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under the heading: Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient presents with neck, low back and bilateral upper extremity pain. The request for this IMR is for docusate sodium 100mg #60. The records show this was first prescribed on 1/30/14 for the complaints of constipation. The patient is taking Tramadol/APAP,

an opioid. MTUS guidelines on page 77, under the therapeutic trial of opioids states when initiating therapy, "Prophylactic treatment of constipation should be initiated." The request is in accordance with MTUS guidelines. Recommendation is for authorization.

1 PRESCRIPTION FOR PANTOPRAZOLE 20 MG #60: Upheld

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

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

Decision rationale: The patient presents with neck, low back and bilateral upper extremity pain. The request for this IMR is for pantoprazole 20mg #60. According to the 1/30/14 report from [redacted], the patient continues with constipation and had intermittent nausea without vomiting 2-3 times a day. She has daily pain in the epigastric area, she has abdominal pain but denies heartburn. The physician does not discuss what he believes is the cause of the epigastric pain, and does not mention GERD or peptic ulcer. The patient denies heartburn. The medical report does not show that the patient is taking any NSAIDs. The physician has not provided an indication for use of pantoprozole for treatment, and has not discussed the MTUS risk factors for GI events that may allow for use of a PPI on a prophylactic basis. Based on the information provided, the request does not appear to be in accordance with MTUS guidelines. Recommendation is for non-certification.

1 PRESCRIPTION FOR TRAMADOL/APAP 37.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 8-9,75,and 113.

Decision rationale: The patient presents with neck, low back and bilateral upper extremity pain. The request is for use of Tramadol/APAP 37.5mg #90. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the Ultracet, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tramadol/APAP. MTUS does not recommend continuing treatment if there is not a satisfactory response