

Case Number:	CM14-0030301		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2010
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 39-year-old who reported an injury on June 4, 2010. The mechanism of injury was noted to be the development and increasing severity of multiple physical symptoms at work. The injured worker's prior treatment included multiple interventional procedures; epidural cervical and lumbar blocks, bilateral radiofrequency ablation, physical therapy, and medications. The injured worker quoted that "these prior treatments were of no help and they produced no change." An evaluation on January 20, 2014 indicated the injured worker's low back pain was a 10 most of the time, mid back pain a 9 most of the time; neck and bilateral shoulder pain an 8 most of the time; left arm, wrist, and hand pain a 7 most of the time; bilateral leg, foot, and hip pain a 9 most of the time; headache pain a 7 to 9 most of the time; job pain a 9 most of the time; chest pain a 5 most of the time; stomach pain a 7 most of the time; groin area pain an 8 most of the time; and an overall pain of 10 and a low pain of 4 were reported over the last month with a pain level of three to four judged to be tolerable; all of this is on a scale of 1 to 10. The injured worker took Norco, gabapentin, baclofen, used lidocaine gel, and Prilosec. The injured worker's diagnoses included multiple post work injury, spine pathology conditions, cervicgia, and lumbago. The treatment recommendations were for lumbar spine surgery, interventional procedures, medications, and psychological pain management evaluation and treatment. The provider's rationale for the requested medications was not provided within this documentation for review. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 180 count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids for Neuopathic Pain Page(s): 82 - 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines provides ongoing management actions for opioids. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker's evaluation on January 20, 2014 indicated pain quite high and in several areas of the injured worker's body. The guidelines suggest documentation of pain relief, including functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. It is not indicated within the evaluation that the injured worker has any efficacy of using Norco. The pain assessment is not adequate based on the guidelines for ongoing management of opioids. The documentation provided lacks a urine drug screen. The request for Norco 10/325mg, 180 count with three refills, is not medically necessary or appropriate.

Protonix 40 mg tablet, 1 whs #30 refill x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS's, GI Symptoms and Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS's GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for patients who are at risk for gastrointestinal events. The injured worker's clinical evaluation on January 20, 2014 does not indicate any physical symptoms to support an intermediate or high risk for gastrointestinal events. There is no indication in the clinical evaluation that the injured worker's use of Prilosec had any efficacy, and the provider did not give a rationale for the Protonix. The request for Protonix 40 mg, thirty count with three refills, is not medically necessary or appropriate.

