

Case Number:	CM14-0039687		
Date Assigned:	06/30/2014	Date of Injury:	08/04/2011
Decision Date:	08/13/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 29 year old female who sustained an injury on 08/04/11 when she fell onto her buttocks while working as a cook. The injured worker had been followed for complaints of low back pain radiating to the right lower extremity with associated intermittent numbness. Previous imaging studies noted degenerative disc disease and osteophyte formation in the lumbar spine. The injured worker was recommended for surgical intervention but was also recommended to lose weight. Prior treatment included transcutaneous electrical nerve stimulation unit. Other medications included venlafaxine buprenorphine 2mg sublingual topical capsaicin cream and gabapentin. The injured worker was also prescribed Protonix. There were recommendations for a multidisciplinary rehabilitation program however it was unclear if this had been completed. Pain scores ranged from 7 to 6-7/10 on visual analog scale. Clinical record form 03/18/14 was for refill of medications. No specific physical examination findings or discussion regarding pain was noted. Per the appeal letter from 04/08/14 the injured worker was not wishing to pursue surgical intervention. The injured worker reported adequate pain relief and improved function with topical capsaicin. The appeal letter indicated that Protonix had been prescribed for gastrointestinal prophylaxis. The injured worker described nausea with medications for which she utilized Protonix. The injured worker was reported to have minimal benefits in the past with topical anti-inflammatories. It was felt that topical medications would be appropriate to avoid further formation of peptic ulcers. Topical capsaicin also prevented the escalation of the use of gabapentin. The requested buprenorphine 2mg #30 capsaicin .075% cream and Protonix 20mg #60 prescribed 11/13 were denied by utilization review on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCl 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, 26-27 Page(s): 26-27.

Decision rationale: Based on review of records submitted there is no clear indication of any substantial efficacy for the use of buprenorphine for chronic pain management. Buprenorphine can be considered an option either second or third line in the treatment of ongoing chronic and severe musculoskeletal and neuropathic symptoms. Guidelines recommend that there be ongoing assessments establishing the efficacy and pain relief obtained with buprenorphine to warrant its ongoing use. The most the evaluations did not specifically discuss pain reduction or functional improvement with buprenorphine. There was also no clinical documentation of recent compliance measures such as toxicology results which would be appropriate for this medication per guidelines. Given the insufficient documentation establishing the efficacy of buprenorphine this request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines.

Capsaicin 0.075% Cream Qty. 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for topical Capsaicin .075%, this reviewer would have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker described nausea with oral medications such as gabapentin. The appeal information indicated that the injured worker had significant improvement with capsaicin and this avoided the escalation of gabapentin for neuropathic pain. Given the side effects from oral medications including nausea and the efficacy of capsaicin this topical analgesic is medically necessary.

Pantoprazole-Protonix 20 mg #60 (Retro Medication Request DOS 11/8/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for protonix 20mg quantity 60 prescribed on 11/08/13, this reviewer would not have recommended this medication as medically necessary. There was no clinical documentation from the date of service in question establishing a rationale for Protonix. The later appeal information indicated that his medication was being prescribed due to reports of nausea from medication use. Clinical records did not identify actual gastritis and Protonix would not address nausea symptoms without evidence of gastric reflux or gastritis. Given the insufficient evidence supporting the use of a proton pump inhibitor this medication is not medically necessary.