

Case Number:	CM14-0042407		
Date Assigned:	07/07/2014	Date of Injury:	11/23/2011
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 Practice 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 39-year-old male who was injured at work on 11/23/2011. The injury was primarily to the back. He is requesting review of denial for the following: Pantoprazole 20 mg, Hydrocodone/APAP 10/325 mg, and One CPT (Current Perception Threshold) Test of the Lower Extremity. The medical records include the Primary Treating Physician's Progress Reports (PR-2s). These records corroborate ongoing care for chronic back pain. Diagnoses by the treating physician include the following: Lumbar Disc Displacement and Lumbosacral Neuritis (NOS). He has undergone the following operative procedures: L4, L5, and S1 Laminotomy; L4-5, L5-S1 Left-Sided Partial Medical Facetectomy and Microdiscectomy; L5 and S1 Neurolysis. Medications have included Hydrocodone/APAP 10/325 mg; Pantoprazole 20 mg; and Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page 68 Page(s): 68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors such as pantoprazole. These guidelines pertain to the concomitant use of an NSAID. The guidelines recommend that the patient be risk-stratified for an adverse gastrointestinal (GI) side effect. Specifically, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The medical records do not describe the specific nature of this patient's GI symptoms. There is no supporting evidence to determine if the patient is at risk for a GI event. There is no supporting evidence that the patient is on a NSAID. The patient is on another proton pump inhibitor, specifically, omeprazole. Finally, there is no clinical evidence presented that supports the use of two co-administered proton pump inhibitors. In summary, pantoprazole is not considered as a medically necessary treatment.

Hydrocodone Bit/Acetaminophen 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of opioids. For patients on chronic opioids, there are specific actions recommended in these guidelines. The actions for the ongoing management of opioids should include evidence that prescriptions are from a single practitioner and that all prescriptions are from a single pharmacy. Further, there should be evidence for the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 pain relief lasts. There should be evidence for the 4 A's for Ongoing Monitoring. These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. There should be consideration of a consultation with a multidisciplinary pain clinic if the pain does not improve on opioids in 3 months. In patients prescribed opioids for chronic pain, the guidelines state that failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Based on the information provided in the medical records, there is insufficient information to indicate that the provider has met the requirements of these guidelines. Further, there is no evidence to indicate that the use of an opioid in this patient has been an effective component of his pain management. In summary, based on the information provided in the MTUS/Chronic Pain Medical Treatment Guidelines and the lack of supporting documentation in the medical records, the use of hydrocodone/APAP, is not considered as medically necessary.

One CPT (Current Perception Threshold) of lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Perception Threshold (CPT) Testing-Neck Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain & Neck, Current Perception Threshold Testing.

Decision rationale: The Official Disability Guidelines comment on the use of Current Perception Threshold (CPT) testing for patients with chronic pain. These guidelines state the following: CPT testing is not recommended. Current perception threshold testing is considered experimental or investigational, as there is inadequate scientific literature to support any conclusions regarding the effects of this testing on health outcomes. Therefore, CPT is not considered as a medically necessary test.