

Case Number:	CM14-0048071		
Date Assigned:	07/18/2014	Date of Injury:	09/10/2003
Decision Date:	09/08/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist and neck pain reportedly associated with an industrial injury of September 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long- and short-acting opioids; topical agents; and muscle relaxants. In a Utilization Review Report dated March 17, 2014, the claims administrator approved a request for Norco while denying a request for Duragesic, Protonix, and Plavix. Plavix was reportedly denied owing to lack of supporting information. The claims administrator approved Norco on the grounds that it was reportedly beneficial here but denied fentanyl on the grounds that the fentanyl was not a first-line opioid. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines, including Chapter 6 ACOEM Guidelines which are no longer part of the MTUS. The claims administrator, however, did mislabel the same as still part of the MTUS. The ODG proton pump inhibitor topic was employed to deny Protonix. The applicant subsequently appealed. In a May 8, 2014 letter, the applicant stated that he was using four to six pills of Norco daily owing to the claims administrator's apparently denying fentanyl. The applicant stated that he was "seriously considering" using medical cannabis if the claims administrator did not approve this additional request for fentanyl. The applicant stated that he was having issues with dyspepsia by not having access to Protonix. The applicant stated that his function had deteriorated owing to the cessation of fentanyl. The applicant stated he was more dependent on his wife to perform activities of his daily living owing to the failure to provide fentanyl. The applicant stated that he was in the process of consulting a surgeon. On March 20, 2014, the applicant presented with neck and bilateral upper extremity pain. The applicant had apparently recently had a transient ischemic attack, it was stated, and was also diabetic, it was noted. The applicant had endoscopy to find

gastritis, it was further noted. The attending provider stated that usage of fentanyl was generating 1% to 50% relief when employed in combination with chiropractic manipulative therapy and was ameliorating the applicant's ability to cook, clean, get out of bed, and move about. The attending provider stated that the fentanyl was doing much better with a combination of fentanyl and Norco as opposed to Norco alone. The attending provider also stated that the applicant had a recent urine drug screen which was compatible with prescribed medication as there is no evidence of illicit drug usage as that point in time. The attending provider noted that the applicant had ongoing symptoms of GERD and complained that the claims administrator had indiscriminately denied many of the applicant's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 24mcg/hr #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines back pain, NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, the attending provider has recounted 50% reductions in pain scores with ongoing usage of fentanyl and further stated the applicant's ability to cook, clean, perform household chores, ambulate, and perform other activities of daily living was ameliorated with ongoing usage of fentanyl. Continuing the same, on balance, is indicated. It is further noted that the request for fentanyl represents a renewal request for the same, making page 80 of the MTUS Chronic Pain Medical Treatment Guidelines a more appropriate guideline selection than page 44 of the MTUS Chronic Pain Medical Treatment Guidelines, which were cited by the claims administrator and addresses introduction of fentanyl as opposed to ongoing usage of the same. For all of the stated reasons, then, the request is medically necessary.

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as pantoprazole are indicated in the treatment of

NSAID-induced dyspepsia. In this case, the applicant has stand-alone dyspepsia, secondary to endoscopically-confirmed gastritis, it has been posited by the attending provider. Ongoing usage of Protonix to combat the same is indicated. Therefore, the request is medically necessary.

Plavix (dose, directions for use, and quantity not specified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Plavix Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food And Drug Administration (FDA), Plavix is a platelet inhibitor indicated for acute coronary syndrome, for applicants with an ST-elevated myocardial infarction, and/or applicants who have had a recent stroke or established peripheral arterial disease. In this case, the attending provider has suggested that the applicant did have and was hospitalized for a recent stroke/transient ischemic attack. Introduction and/or ongoing usage of Plavix to address the same is indicated. Therefore, the request is medically necessary.