

Case Number:	CM14-0053011		
Date Assigned:	07/07/2014	Date of Injury:	04/21/2010
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management 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:

This is a 58-year-old female with a 04/21/2010 date of injury. A specific mechanism of injury was not described. 4/11/14 determination was modified given that, for Nexium, it was not clear if additional refills would be appropriate, since a gastroenterology consultation was requested and that may lead to other treatment recommendations. The medication was modified to #30 tablets with no refills. In addition, the patient should be evaluated for efficacy of the medication. For Tylenol with codeine modification was made to #60 tables with no refills given that it was not clear what medication of what other factors were causing the patient's gastrointestinal upset, and the patient would need to be monitored as the patient proceeds to a gastroenterology consultation. A medical report dated 3/11/14 identified continued neck pain radiating to the upper extremities. There was also noted that the patient had slight worsening of epigastric pain, which she related to chronic medication use. Exam revealed tenderness of the posterior cervical and bilateral trapezial musculature. There was decreased cervical range of motion. There was decreased sensation over the volar aspects of the bilateral thumbs, index, and middle fingers. Recommendations included a re-evaluation with gastroenterology, Nexium, and Tylenol and codeine. It was noted that the patient was to be re-evaluated in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Nexium 40mg 1 tab qd (every day) #30 with two (2) Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Pain Chapter); FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient had complaints of worsening stomach irritation, she thought due to medications. She was referred for a re-evaluation with the gastroenterologist and a prescription for Nexium was provided with two refills. While the medication is indicated for the patient's complaints, there was no clear rationale for the necessity of 2 additional refills when the patient was to be re-evaluated by gastroenterology (and the treatment plan for medications could be modified) and was also to be seen in 6 weeks by the requesting provider. Therefore, the request for Nexium 40mg 1 tab qd (every day) #30 with 2 refills is not medically necessary and appropriate.

Tylenol with codeine #3 1 tab b.i.d. (twice a day) #60 with two (2) Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for of Opioids; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: The patient had chronic pain, however, given the 2010 date of injury, the duration of opiate use to date was not clear. There was no discussion regarding endpoints of treatment, more so, when the patient was complaining of increasing stomach irritation. The records did not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There was also no discussion regarding the necessity of two refills when the patient was to be seen within the next 6 weeks. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Considering this, partial certification was appropriate as recommended by the prior determination. Partial certification would allow an opportunity for submission of medication compliance guidelines or to initiate downward titration and complete discontinuation of medication on subsequent reviews secondary to medication guideline non-compliance. Therefore, the request for Tylenol with codeine #3 1 tab b.i.d. (twice a day) #60 with 2 Refills is not medically necessary and appropriate.