

Case Number:	CM14-0054435		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2010
Decision Date:	08/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehab 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 injured worker is a 37-year-old male who reported an injury on 06/04/2010. The mechanism of injury was not provided. On 12/06/2013, the injured worker presented with pain in the bilateral hands, bilateral shoulders, and back. Upon examination, the injured worker had a sad, anxious, nervous, and apprehensive mood with body tension. The diagnoses were major depressive disorder, single episode, generalized anxiety disorder, and male hypoactive sexual desire disorder due to chronic pain. Prior therapy included psychological treatment, hypnotherapy and relaxation, and medications. The provider requested Norco, Zofran, and Protonix. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tab; 1-2 rab TID PRN # 180 Refills:3: 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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 to 2 TID PRN #180 refills 3 is not medically necessary. The California MTUS recommends the use of opioids for ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; least reported pain over the period since the last assessment, average pain, intensity of pain after taking opioids, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decrease in pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to a nonopioid analgesic. Additionally, the documentation lacked evidence of an adequate pain assessment and evaluation of risk for aberrant drug abuse behaviors. The efficacy of the prior use of this medication was not documented. As such, the request is not medically necessary.

Zofran 4mg tab; 1tab 1-3x a day PRN #50 refills:3: Upheld

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

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

Decision rationale: The request for Zofran 4mg tab; 1tab 1-3x a day PRN #50 refills: 3 is not medically necessary. Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids and the side effects symptoms diminish over days to weeks of continued exposure. Studies of opioids adverse effects including nausea and vomiting are limited to short-term duration and a limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. As such, the request is not medically necessary.

Protonix 40 mg tab; 1 tab at bedtime #30 Refills 3: 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 GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 40 mg tab; 1 tab at bedtime #30 Refills 3 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The documentation lacked evidence of the injured worker having moderate to high risk for

gastrointestinal events. Additionally, the efficacy of the prior use of this medication was not provided. As such, the request is not medically necessary.