

Case Number:	CM14-0060953		
Date Assigned:	07/09/2014	Date of Injury:	11/03/2003
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/01/2014

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 Interventional Spine 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 60 year old female with an injury date of 11/03/03. Based on the 03/17/14 progress report provided by [REDACTED], the patient complains of neck pain with tenderness posteriorly. She has neck radiating into the left upper extremity, as well as numbness and tingling in both hands. Bilateral hands have positive Tinel and Phalen signs. Sensation is diminished in the index and middle finger of both hands. He is diagnosed with carpal tunnel syndrome, bilateral wrists. [REDACTED] 01/15/14 progress report states that the patient's cervical spine has tenderness and spasm posteriorly. [REDACTED] is requesting for the following: 1.Motrin 800 mg #90. 2.Protonix 20 mg #60. 3.Norco 10/325 mg #120. The utilization review determination being challenged is dated 03/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/09/13- 05/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) (MTUS Page(s): 60-61, 22, 67, 68.

Decision rationale: According to the 03/17/14 report by [REDACTED], the patient presents with neck pain with tenderness posteriorly. She has neck radiating into the left upper extremity, as well as numbness and tingling in both hands. The request is for Motrin 800 mg #90 for inflammation. The MTUS guidelines support NSAIDs for neuropathic pain with mixed conditions. In this patient, the treater does not provided any documentation regarding medication efficacy. None of the reports state what this medication is doing for the patient's pain. MTUS page 60 require documentation of function and pain when medications are used for chronic pain. Given the lack of documentation of efficacy, recommendation is for denial.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec® (omeprazole), Prevacid® (lansoprazole) and Nexium® (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). Also, Prilosec is available as an over-the-counter product (Prilosec OTC®), while Nexium is not. (Donnellan, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) Other Medical Treatment Guideline or Medical Evidence: Pantoprazole, a PPIFDA indications <http://www.drugs.com/pro/protonix.html> Indications and Usage for Protonix Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux

disease (GERD) and a history of erosive esophagitis. Safety and efficacy of Protonix I.V. for Injection as a treatment of patients with GERD and a history of erosive esophagitis for more than 10 days have not been demonstrated Pathological Hypersecretion Including Zollinger-Ellison Syndrome Protonix I.V. for Injection is indicated for the treatment of pathological hypersecretory conditions including Zollinger-Ellison Syndrome in adults.

Decision rationale: According to the 03/17/14 report by [REDACTED], the patient presents with neck pain with tenderness posteriorly. She has neck radiating into the left upper extremity, as well as numbness and tingling in both hands. The request is for Protonix 20 mg #60 for stomach upset. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has not documented any gastrointestinal symptoms. MTUS does not allow prophylactic use of PPI's without documentation of GI risk factors. Given the lack of any discussion regarding GI risk factors or GI symptoms, recommendation is for denial.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS, CRITERIA FOR USE OF OPIOIDS (MTUS, Outcomes measures Page(s): 60,61,88,89,78.

Decision rationale: According to the 03/17/14 report by [REDACTED], the patient presents with neck pain with tenderness posteriorly. She has neck radiating into the left upper extremity, as well as numbness and tingling in both hands. The request is for Norco 10/325 mg #120 for pain. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.