

Case Number:	CM14-0064820		
Date Assigned:	07/11/2014	Date of Injury:	02/07/2008
Decision Date:	10/02/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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 neck pain reportedly associated with an industrial injury of February 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; testosterone supplementation; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 7, 2014, the claims administrator failed to approve a request for Protonix, Norco, and trazodone. The applicant's attorney subsequently appealed. In a May 15, 2013 progress note, the applicant reported persistent complaints of bilateral shoulder and chronic neck pain. It was stated that the applicant was working full time without restrictions as a police officer and was able to tolerate the same. It was suggested that the applicant's medications were helping to ameliorate his function and reduce his pain complaints. The applicant was using Norco, Relafen, Protonix, tizanidine, Desyrel, and testosterone, it was stated. It was suggested that the applicant had a pending GI consultation on this date. On July 12, 2013, the applicant maintained that his medications were allowing for greater function and ameliorating his pain. The applicant stated that he was intent on pursuing a multilevel cervical fusion surgery. On July 24, 2013, it was reiterated that the applicant was working full time without restrictions as a police officer. The attending provider suggested that the claims administrator reconsider its denial of several of the medications at issue. On February 18, 2014, the applicant reported that ongoing medication consumption was ameliorating his ability to work. The applicant did report ancillary complaints of depression. Norco, Relafen, Protonix, tizanidine, and Desyrel were refilled. On this date, it was stated that the applicant denied any issues with heartburn in the gastrointestinal review of systems section of the report. On June 11, 2014, the applicant was described as having a history of morbid obesity status post

gastric bypass. The applicant's weight was not furnished on this occasion. The applicant again was described as denying issues of heartburn on this occasion. Multiple medications were renewed. On March 19, 2014, the applicant complained that his claims administrator had failed to approve the surgery in question. Multiple medications were renewed. It was stated that the applicant had returned to work without restrictions. The applicant was again described as denying complaints of heartburn on this occasion in the review of systems section of the report. In a progress note dated April 22, 2014, the attending provider contended that Protonix was being employed for gastric protective purposes as opposed to actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Protonix 20mg #90 (DOS: 03/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; NSAIDs, specific drug list & adverse effects

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 68.

Decision rationale: The attending provider indicated that he was intent on employing Protonix for gastric protective purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of Proton pump inhibitors for gastric protective purposes is indicated in those applicants who are at heightened risk for gastrointestinal complications. Those individuals who are at heightened risk for gastrointestinal complications, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, include those applicants who are age 65 years of age or greater and are using NSAIDs, those individuals who are using multiple NSAIDs, those individuals who have a history of peptic ulcer disease and/or GI bleeding, and/or those individuals who are using NSAIDs in conjunction with corticosteroids. In this case, the applicant is less than 65 years of age (age 58). The applicant does not appear to be using multiple NSAIDs and is not using NSAIDs in conjunction with corticosteroids. There is no evidence that the applicant has actual symptoms of heartburn, as suggested on several progress notes, referenced above. There is no evidence that the applicant has any history of peptic ulcer disease or prior GI bleeding. Prophylactic usage of Protonix was not, consequently, indicated here. Therefore, the request is not medically necessary.

RETRO: Hydrocodone/apap 10/325mg #120 (DOS: 03/19/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Washington State Department of Labor: Guidelines for Prescribing Opioids to Treat Pain in Injured Workers Official Disability Guidelines: Pain Chapter ACOEM Back Chapter (2007) and Third Edition Pages 111-113

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, the applicant has returned to and maintained full-time work status as a school police officer, it has been suggested, reportedly attributed to ongoing usage of hydrocodone-acetaminophen. The attending provider has posited that ongoing usage of medications, including ongoing Norco usage, has ameliorated the applicant's pain complaints. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

RETRO: Trazodone 50mg #90 (DOS: 03/19/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Trazodone; Anti depressant for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain topic. Page(s): 13.

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as trazodone are "recommended as a first-line option" for neuropathic pain, as is seemingly present here with the applicant's ongoing cervical radicular complaints. In this case, the attending provider has further that the applicant has further posited that the applicant has ancillary complaints of sleep disturbance and depression, making trazodone a particularly appropriate choice. The applicant has, furthermore, demonstrated treatment success with ongoing trazodone usage by achieving and/or maintaining successful return to work status. Therefore, the request is medically necessary.