

Case Number:	CM14-0065997		
Date Assigned:	07/11/2014	Date of Injury:	07/01/1992
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 low back, right lower extremity, and hip pain reportedly associated with an industrial injury of July 1, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representations; topical compound; anxiolytic medications; earlier lumbar laminectomy surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 24, 2014, the claims administrator partially certified a request for baclofen and denied a request for Protonix outright. The claims administrator apparently denied Protonix on the grounds that Protonix was an ODG "N" drug. The claims administrator did acknowledge that the applicant had issues with heartburn. The applicant's attorney subsequently appealed. In a May 1, 2014 appeal letter, the attending provider appealed the denials of Protonix, Lidoderm, a heating pad, lumbar support, back rest, and an MRI of the lumbar spine. The attending provider stated that the applicant had issues with heartburn and had failed Prilosec on the grounds that Prilosec has been ineffectual. Therefore, Protonix was introduced, the attending provider stated. In an April 8, 2014 progress, the applicant presented to follow up on her chronic low back pain issues. The applicant was using Lidoderm patches, ketamine cream, baclofen, Neurontin, Norco, Protonix, Xanax, Paxil, and Flonase, it was stated. Baclofen and Protonix were renewed. There was no discussion of medication efficacy in-so-far as baclofen was concerned. On May 8, 2014, the applicant was again described as having persistent multifocal pain complaints. The applicant was apparently using baclofen for spasticity purpose, it was stated. The applicant was described as permanent and stationary with permanent disability. The applicant was using a cane, it was further noted. The applicant was described as having worsening pain; it was stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section Page(s): 7,64.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and can be employed off labeled for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not established how (or if) ongoing usage of baclofen has been beneficial here. The applicant is off of work. The applicant has permanent work restrictions which are renewed, seemingly unchanged, from visit to visit. The applicant has heightened complaints of pain as opposed to reduced complaints of pain, despite ongoing baclofen usage. Ongoing baclofen usage has failed to diminish the applicant's consumption of opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing baclofen usage. Therefore, the request is not medically necessary.

PANTOPROZOLE-PROTONIX 20MG QTY 30: 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 (PPI'S).

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has stand-alone dyspepsia, it has been suggested. Introduction of Protonix has attenuated the applicant's issues with heartburn, it has been further established. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.