

Case Number:	CM14-0074722		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2011
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This 53 year old patient had a date of injury on 9/11/2011. The mechanism of injury was not noted. In a progress note dated 5/9/2014, subjective findings included cervical spine, bilateral shoulder and lumbar spine pain, which is 5/10. Her lumbar spine pain has occasional numbness and tingling sensation to bilateral legs and feet. On a physical exam dated 5/9/2014, objective findings included tenderness to palpation over lumbar paraspinal muscles, moderate facet tenderness to palpation at L4 through S1 levels. Diagnostic impression shows cervical disc syndrome, right shoulder sprain/strain, bilateral wrist tendinitis, and lumbar radiculopathy. Treatment to date: medication therapy, behavioral modification. A Utilization Review decision dated 5/14/2014 denied the request for Motrin 800mg #60, stating that there was no documentation of monitoring of a CBC and chemistry profile including renal/hepatic function tests. Protonix #60 was denied, stating that there is no indication that this patient is at risk for gastrointestinal events. Norco 5/325 #160 was denied, stating there was no documentation regarding functional benefits or substantial functional improvement obtained with continued use of narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that "NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension." In addition, (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports viewed, there was no documentation of monitoring of hepatic/renal function tests, and the patient has been Motrin 800mg since at least 1/13/2014. It was unclear why the patient required such a high dose and why he could not have the same benefit with over the counter formulations of lower doses. Therefore, the request for Motrin 800mg #60 was not medically necessary.

Protonix #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain(Chronic) NSAIDs, GI Symptoms& 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.

Decision rationale: CA MTUS and the FDA support "proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy." In the reports viewed, it was noted that the patient has been on chronic NSAIDs. However, there was no documentation provided the patient failing a 1st line proton pump inhibitor such as omeprazole. Furthermore, the patient does not report any gastrointestinal events. Therefore, the request for Protonix #60 is not medically necessary.

Norco 5/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support "ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In a progress report dated 5/9/2014, the patient reports the pain level has remained unchanged since her last visit, and she continues to have pain in the cervical spine, shoulder, and lumbar spine, with numbness and tingling to legs and feet. The patient is noted to have failed conservative treatment including drug therapy, and wishes to proceed with epidural steroid injection. Therefore, the request for Norco 5/325 #160 is not medically necessary.