MAXIMUS Federal Services

| Case Number: | CM14-0075240 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 08/16/2003 |
| Decision Date: | 08/15/2014 | 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 49 year old male presenting with chronic pain following a work relate injury on 08/16/2003. The claimant's medications include Pantoprazole 20mg, Gralise 600mg, Promethazine 25mg 75 tablets per month and Buprenorphine 2m g 270 sublingual films per month. The claimant was diagnosed with chronic lumbosacral strain with herniated disc, status post lumbar spine surgery four times, including anterior and posterior fusion from L3-S1, and residual radiculopathy. According to the medical records, the claimant has attained maximus medical improvement with provisions for future medical care comprised of periodic physician visits and prescriptive medications. Additionally, the claimant reported improved function including an ability to perform ADLs with the medications. The physical exam showed positive straight leg raise bilaterally. The claimant was diagnosed with lumbar postlaminectomy syndrome, status post lumbar fusion. A claim was made for the following medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20 mg #60 between 5/13/2014 and 6/27/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter. Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Pantoprazole is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Pantoprazole is therefore, not medically necessary.

**Promethazine 25 mg #75 between 5/13/2014 and 6/27/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, Online Version, Pain Chapter , Anti-emetics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics Page(s): 105.

**Decision rationale:** Promethazine 25mg #75 is not medically necessary. The chronic pain medical treatment guidelines on anti-emetics such as Phenergan states that they are FDA approved for nausea and vomiting secondary to chemotherapy and radiation, postoperative use and acute treatment for gastroenteritis. Phenergan in this case is not medically necessary because it was administered in conjunction with non-medically necessary, high doses of opioids and in anticipation of opioid induced nausea and vomiting. There was no documentation that the claimant had such a symptomology and improved function with this medication or with its' co-administration, Buprenorphine; therefore the requested medication is not medically necessary.

**Buprenorphine HCL 2mg #270 between 5/13/2014 and 6/27/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Buprenorphine HCL 2mg #270 between 5/13/2014 and 6/27/2014 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and requires higher than recommended doses to treat his chronic pain despite claiming he has improved functioning; therefore Norco is not medically necessary.