

Case Number:	CM13-0046355		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2013
Decision Date:	01/28/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 33 year-old male who was injured on 2/12/13 by undocumented mechanism. He complains of neck and back pain with numbness of right hip and posterior thigh. On exam, he had decreased range of motion of neck and lumbar spine with tender lumbar paraspinal muscles, normal sensation and equal reflexes bilaterally. He was diagnosed with low back pain, thoracic/ lumbosacral neuritis/radiculitis and displacement of lumbar intervertebral disc without myelopathy. His medications which included tramadol, hydrocodone, voltaren xr, protonix, gabapentin, flexeril, and topical analgesic, helped his symptoms. A urine drug screen from 8/2013 was documented as consistent but the actual report was not included in this limited chart that only included one progress note. He also had chiropractic therapy. The current request is for hydrocodone, voltren xr, and protonix which were denied by utilization review on 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 2.5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much hydrocodone decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. A progress referred to a consistent result from an 8/2013 urine drug screen but the actual report was not included in this limited chart. There was no drug contract documented. There are no clear plans for future weaning, or goals of care. The patient was also taking tramadol which is another opioid. Because of these reasons, the request for hydrocodone is considered medically unnecessary.

VOLTREN XR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

Decision rationale: The request for Voltren XR is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck and lumbar pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to his decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.

PROTONIX 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

Decision rationale: The request for Protonix is not medically necessary. The patient has been on Voltren and Protonix for unspecified amount of time. There was no documentation of GI symptoms, GI risk factors besides Voltren use, or history of GI disease. term PPI use carries many risks and should be avoided. Because Voltren will not be authorized, there will be no need for PPI prophylaxis. Therefore, this request is not medically necessary.