

<b>Case Number:</b>	CM14-0188984		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 46-year-old female sustained cumulative industrial related injuries which were reported on 11/19/2010. The results of the injury included pain in both heels, left foot pain, and pain in the lower back. Limited information was provided regarding the medical history related to the industrial injury. There were no diagnostic reports or findings submitted. Treatment to date has included medications, physical therapy and left plantar fasciotomy (10/2013). According to the progress report, dated 10/03/2014, current complaints include left plantar foot pain (rated 5/10), left knee pain (rated 6/10), and low back pain with left lower extremity symptoms (rated 6/10). Objective findings included tenderness to the left plantar foot without signs of infection, a well healed incision, tenderness to the lumbar spine and left knee, decreased range of motion (ROM) in the lumbar spine and lumboparaspinal musculature. It was noted that the injured worker also favored the right lower extremity with ambulation. Current diagnoses include status post left plantar fasciotomy, left knee pain, and low back pain with left lower extremity symptoms. The treating physicians treatment plan included continued medical management. The reason for the prescribed pantoprazole was not provided. Treatments in place around the time the pantoprazole medication was requested included medications of hydrocodone, naproxen and pantoprazole. The injured worker's pain had been unchanged since previous exams dating back to 05/28/2014. There were no documented functional deficits, or deficits noted in activities of daily living. Work functions were unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was also unchanged. On 11/11/2014, Utilization Review non-certified a prescription for Pantoprazole 20 mg #60 which was requested on 10/03/2014. The Pantoprazole 20 mg #60 was non-certified based on not meeting required criteria which included: age 65 or older; history of peptic ulcer disease, GI bleed or perforation; concurrent use of aspirin, corticosteroids and or an anticoagulant; or high dose/multiple NSAIDs. The CA

MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Pantoprazole 20 mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone 10/325mg #60:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on opioids since at least May 2014 based on the progress reports submitted. She reported that intake of hydrocodone decreased her pain severity from 6/10 to 2/10. It also improved her function in terms of grocery shopping, doing household chores and in self-care activities. However, urine drug screen from 10/7/2014 showed negative levels for hydrocodone and hydromorphone. There has been no management response concerning this issue. The guideline criteria for continuing opioid management have not been met due to possibility of a drug aberrant behavior. Therefore, the request for Hydrocodone 10/325mg #60 is not medically necessary.

**Pantoprazole 20mg #60:** Overturned

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

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

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 46-year-old female with complaint of gastric upset secondary to oral medication intake. She reported symptom improvement with prescription of pantoprazole. The medical necessity for continuing PPI treatment has been established. Therefore, the request for pantoprazole 20mg #60 is medically necessary.

