

Case Number:	CM14-0191632		
Date Assigned:	11/25/2014	Date of Injury:	07/23/2013
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 patient is a 35 year-old woman who was injured at work on 7/23/2013. The injury was primarily to her neck, back, shoulders and arms. She is requesting review of denial for the following: Hydrocodone/APAP 10/325mg #120; Naproxen Sodium-Anaprox 550mg #60; Pantoprazole-Protonix 20mg #60; and Morphine Sulfate CR 15mg #60. Medical records corroborate ongoing care for her injuries. These include a 10/2014 consultation for her chronic pain with the [REDACTED]. She presented complaining of persistent neck, back, shoulder and arm pain. Her medication treatment has included the use of opioids, muscle relaxants, NSAIDs and antiepilepsy drugs. At this visit it was noted that she did not have a history of gastrointestinal symptoms from the use of NSAIDs. She has also received a course of physical therapy. A TENS unit was recommended as well. Her chronic diagnoses include: Thoracic Pain and Spine/Thoracic Degenerative Disc Disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 10/325MG #120 (DOS 07/03/2014): 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): 76-78, 80.

Decision rationale: Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Hydrocodone/APAP is not considered as medically necessary.

Retrospective Naproxen Sodium-Anaprox 550mg #60 (DOS 07/03/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the criteria for the use of NSAIDs. In this case the records indicate that the patient is using the NSAID, Naproxen-Sodium, as a long-term treatment for her chronic back pain. This is not consistent with the above stated MTUS guidelines. Specifically, there is no evidence that the patient had received a trial of acetaminophen as the first-line treatment. Further, the guidelines only support NSAIDs as an option for short-term symptomatic relief. Under these conditions the use of Naproxen-Sodium is not considered as medically necessary.

Retrospective Pantoprazole-Prontonix 20mg #60 (DOS 07/03/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) such as pantoprazole. In this case, the available documentation indicates that the patient has no risk factors for a gastrointestinal event. Specifically, there is no evidence that the patient has a history of a gastrointestinal bleed, is concurrently using aspirin, a corticosteroid or anticoagulants, and the patient is not on high-dose multiple NSAIDs. The medical records specifically state that the patient is not experiencing any gastrointestinal symptoms from her use of an NSAID. Therefore, the use of pantoprazole is not considered as a medically necessary treatment.

Retrospective Morphine Sulf Cr 15mg #60 (DOS 07/03/2014): 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): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Morphine Sulfate CR is not considered as medically necessary.