

Case Number:	CM14-0193359		
Date Assigned:	12/01/2014	Date of Injury:	10/02/2000
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 injured worker (IW) is a 61-year-old man with a date of injury of October 2, 2000. The mechanism of injury was not documented in the medical record. The IW sustained injuries to his bilateral lower back, bilateral sacrum, and left knee. According to the Primary Treating Physician's Progress Report (PR-2) dated November 3, 2014, the IW complains of low back pain and knee pain rated 2/10 with radiation into the lower leg. Objective physical findings reveal awkward slow gait. There is severe bilateral lumbar paraspinal muscle atrophy. Range of motion is limited with mild spasms, mild hypertonicity, and mild tenderness. Straight leg raise test is positive, as well as facet distraction/loading maneuvers, Patrick/Fabere, Yeoman, and Gaenslen tests. Sacroiliac joint tenderness is noted. Examination of the left knee reveals limited range of motion and tenderness, and diminished sensation with dysesthesia along the right L1, L2, bilaterally at L5, S1 root distributions. There is some motor weakness and decreased reflexes. The IW has been diagnosed with post-laminectomy syndrome, lumbar spine; lumbar radiculopathy; lower leg pain; sacroiliac pain; knee sprain. Current medications include Neurontin 400mg, Hydrocodone-APAP 10/325mg, Nortriptyline Hcl 25mg, Orphenadrine 100mg, Imitrex 100mg, Pantoprazole Sodium Dr 20mg, and Seroquel 200mg. Documentation indicated that the IW has been on both Neurontin and Nortriptyline since May 1, 2014. Objective functional improvement while on these medications was not documented in the medical record. The treating physician is requesting authorization for Protonix (Pantoprazole Sodium) Delayed Release 20mg tablets, and Pamelor (Nortriptyline) 25mg capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20mg #60 for DOS: 11/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request Protonix 20mg #60 for DOS: 11/03/14 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs with certain risk factors. These risk factors include, but are not limited to age greater than 65; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high-dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker is 60 years old and is being treated for low back pain. There is no documentation in the medical record indicating the injured worker has any comorbid problems or a past medical history compatible with peptic disease, G.I. bleeding, concurrent use of aspirin or multiple non-steroidal anti-inflammatory drug use. Moreover, the medical record from a November 3, 2014 progress note does not show evidence of a non-steroidal anti-inflammatory drug being prescribed. Consequently, absent the appropriate clinical indication for Protonix, Protonix 20mg #60 for DOS: 11/03/14 is not medically necessary.

Pamelor 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Anti-Depressants

Decision rationale: Pursuant to the Official Disability Guidelines, Pamelor 25 mg #30 is not medically necessary. Pamelor is a tricyclic antidepressant. Antidepressants are indicated for treatment of neuropathic pain. For additional details see the Official Disability Guidelines. In this case, the injured worker is 60 years old and being treated for low back pain. Additionally, there is no clinical rationale to support the use of Pamelor. Pamelor has been used since May 2014 in conjunction with Neurontin (by another physician). There is no clinical condition for the use of both agents. Consequently, after the appropriate clinical documentation and clinical indication, Pamelor 25 mg #30 is not medically necessary.

