

<b>Case Number:</b>	CM14-0193405		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 11/19/2010. The mechanism of injury was not specified. Her diagnoses include status post left plantar fasciotomy, left knee pain, and low back pain with left lower extremity symptoms. Her past treatments include surgery, medication, physical therapy, and a TENS unit. On 11/14/2014, the injured worker complained of left plantar foot pain rated 5/10, left knee pain rated 5/10, and low back pain with left lower extremity symptoms rated 5/10. The physical examination revealed tenderness to the left plantar foot, lumbar spine and left knee. The range of motion of the lumbar spine was noted to be decreased with spasms at the lumboparaspinal musculature. Her medications were noted to include hydrocodone 10 mg, ibuprofen and omeprazole. The treatment plan included pantoprazole 20 mg and hydrocodone 10/325 mg. A rationale was not provided. A Request for Authorization form was submitted for review with an unspecified date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for pantoprazole 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, patients should be weighted to determine if there is risk for gastrointestinal events to include: being over 65 years old; a history of peptic ulcer, GI bleeding or perforations; concurrent use of ASAs, corticosteroids, and/or anticoagulants; and a use of high dose/multiple NSAIDS. The injured worker is indicated to have chronic left knee and low back pain with left lower extremity symptoms. The documentation noted the injured worker to have been on pantoprazole since at least 02/26/2014. However, the documentation failed to provide evidence that the injured worker is over the age of 65, has any significant increased risk for gastrointestinal events, currently using ASAs, corticosteroids, anticoagulants or a high dose/multiple NSAIDS. In the absence of the required documentation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

**Decision rationale:** The request for hydrocodone 10/325 mg #60 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate potential aberrant drug related behaviors. The pain assessment should be documented with current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The injured worker is indicated to have chronic left knee and low back pain with left lower extremity symptoms. The documentation also indicated the injured worker to have been on hydrocodone since at least 02/26/2014. The urine drug screen performed on 08/22/2014 indicated the injured worker to be negative for opioids. However, the documentation failed to provide evidence in regards to the pain assessment, functional status, appropriate medication use, side effects and any indication of potential aberrant drug related behaviors. In the absence of the required documentation for ongoing review and assessment, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.