

Case Number:	CM15-0004388		
Date Assigned:	01/26/2015	Date of Injury:	10/15/2012
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 51 year old male, who sustained an industrial injury on October 15, 2012. The diagnoses have included cervical disc degeneration at C5-C6 and C6-C7 with MRI - confirmed disc bulge. Bilateral neuroforaminal narrowing of C5-C6 with nerve root effacement, bilateral ulnar neuropathies, right sided C5-C6 dorsal rami involvement, post-concussion syndrome and chronic myofascial pain syndrome. Treatment to date has included pain medication, home exercises and epidural steroid injection. Currently, the injured worker complains of constant neck pain rated a 3-4 on a 10-point scale. He reports the pain shoots down his upper extremities, right more than left with tingling and numbness in the right hand and fingers. The injured worker reported constipation continued even after taking Colace and Senakot S. The injured worker is using Duragesic patch 100 mcg for pain. Bending, turning and extending of the neck make the pain worse. On examination, the injured worker had improved range of motion of the cervical spine. A right-sided Spurling's maneuver was mildly positive and manual motor strength was 5/5 with giveaway weakness of 4+/5 in the right upper extremity. There were no sensory disturbances to light touch in the upper extremities. On December 11, 2014 Utilization Review modified and noncertified a request for Duragesic patch 50 mcg and Protonix 20 mg #60 respectively, noting that the use of Duragesic was being reduced in strength by the evaluating physician and the request for Duragesic was modified to allow for the reduction; and the documentation did not support evidence that the injured worker suffered from a history of gastrointestinal events as is required by the guidelines. The California Medical

Treatment Utilization Schedule was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Duragesic patch 50 mcg and Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Duragesic Patch 50mcg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant neck pain rated a 3-4 on a 10-point scale. He reports the pain shoots down his upper extremities, right more than left with tingling and numbness in the right hand and fingers. The injured worker reported constipation continued even after taking Colace and Senakot S. The treating physician has documented improved range of motion of the cervical spine. A right-sided Spurling's maneuver was mildly positive and manual motor strength was 5/5 with giveaway weakness of 4+/5 in the right upper extremity. There were no sensory disturbances to light touch in the upper extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Duragesic Patch 50mcg is not medically necessary.

Protonix 20mg, quantity: 50: 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 & cardiovascular risk, Pages 68-69 Page(s): Page 68-69.

Decision rationale: The requested Protonix 20mg, quantity: 50, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both Gland cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age of 65 years; (2) history of pepticulcer, GI bleeding or perforation;

(3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend "proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant neck pain rated a 3-4 on a 10-point scale. He reports the pain shoots down his upper extremities, right more than left with tingling and numbness in the right hand and fingers. The injured worker reported constipation continued even after taking Colace and Senakot S. The treating physician has documented improved range of motion of the cervical spine. A right-sided Spurling's maneuver was mildly positive and manual motor strength was 5/5 with giveway weakness of 4+/5 in the right upper extremity. There were no sensory disturbances to light touch in the upper extremities. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Protonix 20mg, quantity: 50 is not medically necessary.