

Case Number:	CM15-0004502		
Date Assigned:	01/15/2015	Date of Injury:	01/30/2004
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 1/30/2004. The current diagnoses are discogenic lumbar condition with EMG abnormalities showing chronic L5 radiculopathy, internal derangement of the left knee - status post arthroscopy, left ankle sprain, left hip joint arthritis - status post total hip replacement, and chronic pain syndrome. Currently, the injured workers pain complaints are unchanged. Additionally, she reports increased pain with cold weather and difficulty standing or walking for any prolonged period of time. Current medications are Flexeril, Nalfon, Trazodone, Effexor, and Protonix. In the meantime, she has been approved for heel surgery with unknown surgery date. The treating physician is requesting Protonix 20mg #60, in-home support services minimum for three months following surgery, Kidney and liver function test , CBC, and BMP and consultation referral to psychiatry, which is now under review. On 12/26/2014, Utilization Review had non-certified a request for Protonix 20mg #60, in-home support services minimum for three months following surgery, Kidney and liver function test , CBC, and BMP and consultation referral to psychiatry. The California MTUS Chronic Pain and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix is not medically necessary.

In-home support services minimum for three months following surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Regarding the request for in-home support services, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient will be homebound after surgery and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. Furthermore, there is no indication that a home health evaluation has been performed to identify the patient's specific needs in the home and a specific plan of care has not been documented. In the absence of such documentation, the currently requested in-home support services are not medically necessary.

Kidney and liver function test, CBC and BMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/>

Decision rationale: Regarding the request for Kidney and liver function test, CBC and CMP, California MTUS and ODG do not address the issue. These tests are ordered as broad screening tools to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. They may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, the provider notes that this testing is due to ongoing medication usage. However, there is no documentation of the date and results of any prior testing to establish the medical necessity of testing at the proposed frequency. In light of the above issues, the currently requested Kidney and liver function test, CBC and CMP are not medically necessary.

Consultation referral to psychiatry: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: Regarding the request for psychological evaluation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, the provider mentions depression, anxiety, and insomnia, but there is no clear description of any specific symptoms related to these conditions, no mental status exam, or another clear rationale for specialty evaluation with a psychologist. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.