

Case Number:	CM15-0007641		
Date Assigned:	01/26/2015	Date of Injury:	04/28/1998
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female patient with a date of injury as 04/28/1998. The current diagnoses include shoulder impingement syndrome right, chronic pain, fibromyalgia, occipital neuralgia, migraine, cervical radiculopathy, and carpal tunnel syndrome bilaterally. Per the doctor's note dated 1/30/2015, she had complaints of diffuse pain, bilateral shoulder pain more on the right side. She had GI upset which improved with protonix. Per the report dated 01/02/2015 she had complaints intermittent GI upset which improves with Protonix and continues to report functional pain relief with the current medication regimen. Physical examination revealed tenderness in the cervical, thoracic, and lumbar spine, positive Hawkins and Neer test and decreased reflexes in the upper extremities. The medications list includes norco, effexor, celebrex, protonix, docusate sodium, relopax, metformin, glimepride, simvastatin, minocycline, lantus solution and aspirin. Previous treatments include medications, physical therapy, and home exercise program. She has had urine drug screen on 8/11/14 and on 1/2/2015 which was positive for Hydrocodone and norhydrocodone. The utilization review performed on 12/17/2014 non-certified a prescription for Norco and Protonix based on medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): page 76-80.

Decision rationale: Request: Norco 10/325 mg #120 Norco contains Hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to lower dose of Norco is also not specified in the records provided. Response to other medications for chronic pain like anticonvulsants is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325 mg #120 is not established for this patient at this time.

Protonix 40 mg #30: Overturned

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, Page(s): page 68-69.

Decision rationale: Request: Protonix 40 mg #30 Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDS guidelines cited above, regarding use of proton pump inhibitors with NSAIDS, the MTUS Chronic Pain Guidelines recommend PPIs in, Patients at intermediate risk for gastrointestinal events, patients at high risk for gastrointestinal events, treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when (1) age 65 years; (2) history of peptic ulcer, 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). Per the records provided she had complaints intermittent GI upset which improves with protonix. PPI is medically appropriate and necessary in this patient. The request for Protonix 40 mg #30 is deemed medically necessary for this patient.