

Case Number:	CM15-0131890		
Date Assigned:	07/20/2015	Date of Injury:	03/04/2004
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 03/04/2004. Current diagnoses include spondylosis-lumbosacral, lumbar disc displacement without myelopathy, pain in joint lower leg, and pain in joint pelvis/thigh. Previous treatments included medications, lumbar epidural steroid injections, medial branch radio frequency ablations, surgical interventions, lumbar facet blocks, physical therapy, TENS unit, aqua therapy, functional restoration program, and home exercise program. Previous diagnostic studies include electrodiagnostic studies, lumbar spine MRI's, CT scan of the pelvis, x-rays of the bilateral hip and left knee, and urine drug screen dated 03/27/2015. Initial injuries included the right shoulder and right leg after slipping and falling. Report dated 05/08/2015 noted that the injured worker presented with complaints that included progressively worsening left knee pain, low back pain with radiation to the posterior thigh and occasionally the right anterior thigh, gastrointestinal discomfort which includes reflux. The injured worker has been limping more and would like a cortisone injection. Current medication regimen includes Norco, gabapentin, tizanidine, pantoprazole, atorvastatin, Humalog, Lantus, Lisinopril, and triamterene-hydrochlorothiazide. Pain level was not included. Physical examination was positive for tenderness to palpation over the medial/lateral joint lines of the left knee, mild swelling, pain in the right hip with flexion, decreased lumbar range of motion with reproduction of pain, lumbar facet loading maneuvers reproduced ipsilateral pain in the lower back, antalgic gait, mild knee infrapatellar swelling, and crepitus in the left knee. The treatment plan included continuing to monitor progress after bilateral L3-5 medial branch rhizotomy procedure, continue Norco, gabapentin, TENS unit,

pantoprazole, tizanidine, request for in office left knee cortisone injection, request for re-evaluation with QME, and follow up in one month. Currently the injured worker is not working. Urine drug screen dated 03/27/2015 was positive for cannabinoids (THC) and ethyl alcohol, and negative for prescribed medications. Disputed treatments include retrospective requests for pantoprazole and Norco (DOS 05/08/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 5.8.15) 60 tablets of Pantoprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anti-coagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The documentation provided did not indicate that the injured worker is currently prescribed NSAID medications, nor did it indicate that the injured worker has a history of peptic ulcer, GI bleeding or perforation, there is no indication that the injured worker is at increased risk for a gastrointestinal event. Therefore the request for retrospective (DOS 5.8.15) 60 tablets of Pantoprazole 20mg is not medically necessary.

Retro (DOS: 5.8.15) 60 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioid section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a

reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Also, the urine drug screening dated 03/27/2015 shows inconsistent results with prescribed medications and positive findings of cannabinoids (THC) and ethyl alcohol, which supports aberrant behaviors. For these reasons the request for retrospective (DOS 5.8.15) 60 tablets of Norco 10/325mg is not medically necessary.