

Case Number:	CM15-0132829		
Date Assigned:	07/20/2015	Date of Injury:	11/19/2012
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male patient who sustained an industrial injury on 11/19/2012. A magnetic resonance imaging study done on 05/15/2015 revealed the lumbar spine with moderate bilateral foraminal stenosis at L5-S1 due to moderate disc bulge and moderate right and mild left facet arthropathy. There is a large annular tear through the posterior disc and a focal herniation in the right paracentral region. There is moderate bilateral foraminal narrowing and moderate right and mild left facet joint hypertrophy. There is moderate left foraminal stenosis at L4-5 secondary to mild disc bulge, moderate foraminal stenosis and mild to moderate right foraminal stenosis. There is a focal tear in the right paracentral region and minimal degenerative anterolisthesis of L4 on L5. There is also mild bilateral foraminal narrowing at L2-3 due to mild disc bulge and minimal bilateral foraminal narrowing at L3-4 secondary to disc bulge. A recent primary treating office visit dated 06/12/2015 reported subjective complaint of increasing right shoulder pain. He recalls having the surgery on 09/2014 and is now expressing concerns regarding a decline in range of motion. Medications include: Hydrocodone, Naproxen, Flexeril, and Pantoprazole. He is diagnosed with the following: status post right shoulder arthroscopy 09/08/2014; tendinopathy, calcified tendinitis supraspinatus, and rule out lumbar disc injury, lumbar myofascial pain. There is recommendation for the patient to undergo electracorpeal shockwave therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #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 Ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS a pain assessment should include: 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; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids, however the recent documentation has failed to reveal evidence that continued hydrocodone has caused an increase in function or significant improvement in pain therefore the request for Hydrocodone is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of significant functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and that the Naproxen was deemed not medically necessary therefore the request for Pantoprazole is not medically necessary.