

Case Number:	CM15-0181055		
Date Assigned:	09/22/2015	Date of Injury:	11/30/2011
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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, Illinois

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 57 year old male who sustained an industrial injury on 11-30-2011. Diagnoses include discogenic cervical condition with four level disc disease, discogenic lumbar condition with four level disc disease as well as facet arthropathy, bilateral epicondylitis. Treatment to date has included medications, trigger point injections, therapy, chiropractic care and back and wrist braces. His main problem seemed to be the neck, low back, right wrist and elbows. The treatment plan included Norco #90, Naproxen 550 mg #60, Effexor XR 75 mg #60, Remeron 15 mg #30, Protonix 20 mg #60, Tramadol ER 150 mg #30 and Neurontin 600 mg #90. The provider noted that a 10-panel urine screen was done in May showing presence of Norco. An authorization request dated 08-03-2015 was submitted for review. The requested services included Norco, Naproxen, Effexor XR, Remeron, Protonix, Tramadol ER, Neurontin and Norflex, psychiatry consultation and consultation for second opinion for wrist surgery. Work status included intermittent sitting, standing, walking, no more than 50 minutes at a time; no lifting over 10 pounds, avoidance of bending, forceful gripping, grasping and torqueing. On 08-13-2015, Utilization Review non-certified the request for Norco 10-325 mg #90, Naproxen 550 mg #60 and Protonix 20 mg #60 and certified the request for Remeron and Effexor ER. Other requested services not authorized, but not included on the IMR application included Tramadol ER, Neurontin and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 11-30-2011. The medical records provided indicate the diagnosis of discogenic cervical condition with four level disc disease, discogenic lumbar condition with four level disc disease as well as facet arthropathy, bilateral epicondylitis. Treatment to date has included medications, trigger point injections, therapy, chiropractic care and back and wrist braces. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 2013 with no overall improvement. The medical records do not indicate the injured worker is well monitored for pain control, adverse effects and activities of daily living. The request is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The injured worker sustained a work related injury on 11-30-2011. The medical records provided indicate the diagnosis of discogenic cervical condition with four level disc disease, discogenic lumbar condition with four level disc disease as well as facet arthropathy, bilateral epicondylitis. Treatment to date has included medications, trigger point injections, therapy, chiropractic care and back and wrist braces. The medical records provided for review do not indicate a medical necessity for : Naproxen 550mg, #60. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states, "There is no evidence to recommend one drug in this class over another based on efficacy." The MTUS recommends monitory blood counts, Liver and kidney functions, if NSAID is taken for an extended period. The medical records indicate the injured worker has been on treatment with NSAIDs for more than a year, but with no overall improvement; there is no indication the injured worker is regularly monitored for blood counts, kidney and liver functions. The request is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 11-30-2011. The medical records provided indicate the diagnosis of discogenic cervical condition with four level disc disease, discogenic lumbar condition with four level disc disease as well as facet arthropathy, bilateral epicondylitis. Treatment to date has included medications, trigger point injections, therapy, chiropractic care and back and wrist braces. The medical records provided for review do not indicate a medical necessity for: Protonix 20mg, #60. Protonix (pantoprazole) is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The MTUS recommends against the use of proton pump inhibitors for more than a year due to the risk of hip fracture. The medical records indicate the injured worker has used this medication for more than one year. Also, it has been determined it is no longer medically necessary to continue the injured worker on NSAIDs, therefore this medication is not medically necessary.