

Case Number:	CM15-0192332		
Date Assigned:	10/06/2015	Date of Injury:	04/07/1999
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
 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:

The injured worker is a 56 year old male who sustained an industrial injury on 4-7-99. A review of the medical records indicates he is undergoing treatment for chronic lumbar discogenic pain secondary to lumbar degenerative disc disease at L4-L5 and L5-S1, chronic pain related anxiety, chronic constipation secondary to opioid use, and gastroparesis secondary to long-term opioid use. Medical records (1-21-15 to 8-10-15) indicate ongoing complaints of chronic pain secondary to chronic lumbar degenerative disc disease. The physical exam (8-10-15) reveals that the injured worker stands "with listing to the right" and use of a single-point cane. Tenderness to palpation is noted of the lower lumbar paraspinal muscles without spasm. Range of motion is limited for flexion at 30 degrees, extension 10 degrees, and lateral bending 10 degrees. The straight leg raise in a sitting position is "80 degrees bilaterally". The motor exam reveals strength of "4+ out of 5" for the hip and "4 to 4+ out of 5" at the knee and ankle. Deep tendon reflexes are "1+" at the knee. The treating provider indicates that the injured worker has "side effects from his long use of opioids at a higher dose", but indicates that these have been addressed via his QME (Qualified Medical Examiner). The 1-21-15 Qualified Medical Re-evaluation report indicates that the injured worker has "gastroparesis with impaired gastric emptying secondary to narcotic analgesics". The report also states that the injured worker "indicates that his previous stomach problem has resolved on taking MiraLax and Protonix". The report states that the injured worker eats two "full" meals per day "with no residual symptoms of gastroparesis". It states he is "not bothered by nausea, vomiting, diarrhea, constipation, etc.". The utilization review (9-9-15) indicates a request for authorization of 1 prospective prescription of Protonix 40mg and 1 prospective prescription of MiraLax 17gms. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

Miralax 17g: Overturned

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 for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient has a history of chronic opioid use with gastroparesis. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.