

Case Number:	CM15-0199871		
Date Assigned:	10/15/2015	Date of Injury:	06/13/2013
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 55 year old female sustained an industrial injury on 6-13-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Previous treatment included physical therapy, acupuncture, psychological care, lumbar brace and medications. Past medical history was significant for diabetes mellitus. In a visit note dated 7-17-15, the injured worker complained of ongoing low back pain rated 8 out of 10 on the visual analog scale. Medication side effects included constipation. The physician stated that the injured worker had been feeling heartburn when taking her medications but had not been taking Pantoprazole due to insurance denial. In a visit note dated 9-21-15, the injured worker complained of low back pain with radiation to bilateral legs, associated with numbness and tingling. The injured worker rated her pain 8 out of 10 on the visual analog scale with medications and 7 out of 10 of without medications. The injured worker stated that medications were helping and that she tolerated them well. Gastrointestinal complaints were not mentioned in subjective complaints. The injured worker stated that pain relief from medications lasted for three hours. Physical exam was remarkable for lumbar spine with positive facet loading, range of motion 45 degrees flexion and 10 degrees extension and bilateral rotation and decreased sensation to the left lower extremity. The treatment plan included discontinuing Cyclobenzaprine, refilling Protonix and Ambien and a new prescription for Ultracet. On 9-28-15, Utilization Review non-certified a request for Pantoprazole Sodium DR 20mg #30 and Ultracet tab 37.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium DR 20mg 1 tab daily #30: Upheld

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

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

Decision rationale: Pantoprazole is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: (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 records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of pantoprazole.

Ultracet tab 37.5/325mg 1 tab BID as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of ultracet is not substantiated in the records.