

Case Number:	CM15-0200895		
Date Assigned:	10/15/2015	Date of Injury:	08/09/2000
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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:

Disclaimer: Some of the reports were in illegible handwriting. The injured worker is a 64 year old female who sustained an industrial injury on 08-09-2000. According to a report dated 09-01-2015, the injured worker continued to report severe left upper extremity radicular pain. She had a cervical injection on this day and it had increased the pain going down her left arms. She continued to report low back pain. Currently, she is on treatment with Fentanyl and Percocet, Cymbalta, Trazodone and Wellbutrin. Pain level was 10 on a scale of 1-10. Diagnoses included C5-6 herniated nucleus pulposus with radicular pain at the left upper extremity with increased radiculitis with injection , L4-5 fusion with neuroforaminal stenosis the left greater than the right, long acting and short acting opiate, constipation and depression and anxiety secondary to chronic pain. The provider noted that a Medrol dose pack was given, but hold and not fills unless the radiculitis became persistent. The treatment plan included Fentanyl, Percocet, Amitiza, Fluoride, Wellbutrin, Trazadone, Cymbalta and Protonix. On 09-11-2015, Utilization Review non-certified the request for Pantoprazole 40 mg #90 with 3 refills, Prevident 1.1% 51 gram tube #1, Medrol Pak 4 mg #1 and authorized the request for 4 sessions of chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40 mg \$90 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG). Drug Formulary (Appendix A).

Decision rationale: The injured worker sustained a work related injury on 08-09-2000. The medical records provided indicate the diagnosis of C5-6 herniated nucleus pulposus with radicular pain at the left upper extremity with increased radiculitis with injection , L4-5 fusion with neuroforaminal stenosis the left greater than the right, long acting and short acting opiate, constipation and depression and anxiety secondary to chronic pain. Treatments have included Fentanyl and Percocet, Cymbalta, Trazodone and Wellbutrin. The medical records provided for review do not indicate a medical necessity for Pantoprazole 40 mg \$90 with 3 refills. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events when they are on treatment with NSAIDs. Not only is this injured worker not at risk of gastrointestinal event, based on the MTUS guidelines, she is currently not being treated with NSAIDs. Also, pantoprazole is in the "do not prescribe without pre-authorization list" of the Official Disability Guidelines because it is not a first line agent, therefore is not medically necessary.

Prevident 1.1% 51 gm tube #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain. Decision based on Non-MTUS Citation <http://www.health.govt.nz/system/files/documents/publications/guidelines-for-the-use-of-fluoride-nov09.pdf>.

Decision rationale: The injured worker sustained a work related injury on 08-09-2000. The medical records provided indicate the diagnosis of C5-6 herniated nucleus pulposus with radicular pain at the left upper extremity with increased radiculitis with injection , L4-5 fusion with neuroforaminal stenosis the left greater than the right, long acting and short acting opiate, constipation and depression and anxiety secondary to chronic pain. Treatments have included Fentanyl and Percocet, Cymbalta, Trazodone and Wellbutrin. The medical records provided for review do not indicate a medical necessity for Prevident 1.1% 51 gm tube #1. Prevident is fluoride toothpaste. An article from New Zealand, Guidelines for the Use of Fluorides, states that fluoride toothpaste is used to prevent dental caries. This article states as follows: Fluoride toothpaste helps to prevent dental caries (tooth decay) and is better at preventing dental caries than non-fluoride toothpaste. Prevention of dental caries is greater with higher concentrations of fluoride in the toothpaste, greater frequency of brushing and supervised tooth brushing. The

medical records indicate the treating provider believes the injured worker suffers from opioids induce xerostomia (dry mouth). The injured worker has been using opioids at least since 2013. Although the MTUS is silent on the use of prevenient, the MTUS does not recommend the use of opioids for longer than two weeks for the treatment of low back pain, or the use of opioids for treatment of chronic non-cancer pain for longer than 70 days.

Medrol (Pak) 4 mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Low Back - Lumbar & Thoracic (Acute & Chronic) Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The injured worker sustained a work related injury on 08-09-2000. The medical records provided indicate the diagnosis of C5-6 herniated nucleus pulposus with radicular pain at the left upper extremity with increased radiculitis with injection, L4-5 fusion with neuroforaminal stenosis the left greater than the right, long acting and short acting opiate, constipation and depression and anxiety secondary to chronic pain. Treatments have included Fentanyl and Percocet, Cymbalta, Trazodone and Wellbutrin. The medical records provided for review do not indicate a medical necessity for Medrol (Pak) 4 mg #1. The MTUS recommends; against the use of oral steroids for the treatment of low back pain. The Official Disability Guidelines recommends against the use of oral or parenteral steroids for the treatment of chronic pain, although it recommends using it for acute radicular pain or following an exacerbation of chronic pain after a pain free periods, or following a re-injury of a chronic pain condition. The medical records indicate the injured worker suffered new cervical herniation in 07/2015 as a result of which she was prescribed Medrol dose pack, she was given another prescription in 09/2015 without a documentation of new injury or acute exacerbation of the old one, therefore is not medically necessary.