

Case Number:	CM15-0201087		
Date Assigned:	10/16/2015	Date of Injury:	12/31/2012
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
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: California, Massachusetts

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:

This is a 42 year old female who sustained an industrial injury on 12-31-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc displacement without myelopathy, pain in shoulder joint, lumbar disc displacement without myelopathy and long term use of medications. According to the progress report dated 9-15-2015, the injured worker complained of persistent right shoulder pain, low back pain and neck pain. She complained of intermittent transitory arm pain and leg pain. She also complained of heartburn. Objective findings (9-15-2015) revealed the injured worker to be alert and oriented. She had a positive empty can sign on the right. Treatment has included cervical epidural steroid injection and medications. The injured worker has been prescribed Hydrocodone and Pantoprazole since at least 2-2015. Current medications (9-15-2015) included Gabapentin, Nabumetone-Relafen, Pantoprazole, Orphenadrine-Norflex and Hydrocodone-APAP. The physician noted (9-9-2015) that the injured worker's pain medications reduced her pain from 9-10 out of 10 to 5-6 out of 10 and noted no aberrant behavior. The request for authorization was dated 9-18-2015. The original Utilization Review (UR) (9-25-2015) modified a request for Hydrocodone from quantity 60 to quantity 45 and denied a request for Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: 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, criteria for use, Opioids, dosing.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription and a first line agent such as Gabapentin is also being prescribed. Consequently continued use of opioids is supported by the medical records and guidelines as being medically necessary.

Pantoprazole 20mg #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: According to the medical records reviewed and the cited guidelines, Pantoprazole is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time and that a first line PPI such as omeprazole initially be attempted. Considering lack of documented necessity, the medication does not appear to be medically necessary at this time.