

Case Number:	CM15-0203809		
Date Assigned:	10/20/2015	Date of Injury:	03/13/2012
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on 3-13-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain, lumbosacral spondylosis, lumbar disc displacement without myelopathy, pain in shoulder joint, and pain in lower leg joint; status post left knee arthroscopy (8-9-2012). An 8/5/15 progress note indicates a request for 16 tablets of Norco. There is no pain assessment recorded for this visit. According to the progress report dated 8-28-2015, the injured worker presented with complaints of pain in the right shoulder, low back, left knee, and left foot. The level of pain is not rated. The physical examination of the lumbar spine reveals decreased sensation in the left L4 dermatome. Straight leg raise is positive on the left. The current medications are Pantoprazole, Diclofenac Sodium, and Norco (since at least 3-20-2015). Previous diagnostic testing includes MRI studies. Treatments to date include medication management, exercises, epidural steroid injection (beneficial), functional restoration program, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-16-2015) partially approved a request for Norco 7.5-325mg #7 (original request was for #30). The request for Pantoprazole 20mg #60 and Diclofenac Sodium is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Pantoprazole 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton pump inhibitors (PPIs).

Decision rationale: 60 tablets of Pantoprazole 20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. The patient does not have NSAID induced dyspepsia. Additionally, the ODG states that Pantoprazole is a second line proton pump inhibitor only to be used with failure of first line treatment. For all of these reasons the request for Pantoprazole is not medically necessary.

30 tablets of Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: 30 tablets of Norco 7.5/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The provider states that the most recent urine drug screen is negative on 9/30/15 due to prn use of Norco. The documentation does not reveal objective urine drug screening for review or updated signed pain contract. A progress not dated 8/5/15 states that the patient required a medication refill of Norco, however there is no evidence in this progress note of a pain assessment or increase in function attributable to Norco. The documentation reveals that the patient has been on Norco without significant objective increase in function. For all of these reasons the request for Norco is not medically necessary.

One container of Diclofenac Sodium 1.5% 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: One container of Diclofenac Sodium 1.5% 60 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4- 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has used this since October 12, 2014. The MTUS does not support this medication long term therefore this request is not medically necessary.