

Case Number:	CM15-0209284		
Date Assigned:	10/28/2015	Date of Injury:	11/25/2002
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 female, who sustained an industrial injury on 11-25-2002. The injured worker was diagnosed as having chronic pain syndrome, cervical radiculopathy, and lumbar radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgery in 2004, and medications. The progress report (pain management) dated 9-24-2015 was handwritten and difficult to decipher. On 9-24-2015, the injured worker complains of neck pain radiating to the left arm, tingling to fingers, swelling of the third finger, low back pain radiating to the bilateral legs and heels, and numbness of the toes. Gastrointestinal complaints-sleep disturbance complaints-mood complaints were not documented on 9-24-2015, 8-13-2015, or 6-04-2015. Pain was not rated. Physical exam noted Spurling's test positive on the left, sensory and motor within normal limits, and positive straight leg raise bilaterally. Current medication regimen was not noted. Work status was not noted. She was prescribed Norflex, Gabapentin, Protonix, and Trazadone. On 10-14-2015 Utilization Review non-certified a request (DOS 9-24-2015) for Protonix 20mg #60 and Trazadone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 DOS: 9.24.15: 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: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for protonix in the insured congruent with MTUS.

Trazodone 50mg #60 DOS: 9.24.15: Overturned

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): Antidepressants for chronic pain.

Decision rationale: The medical records indicate pain in the back with associated neurologic deficits of numbness and radiculopathy, which corresponds to a neurologic pain condition. Tricyclics such as trazodone are supported under MTUS for neuropathic pain treatment. As such the medical records support treatment with trazodone congruent with MTUS guidelines.