

Case Number:	CM15-0022635		
Date Assigned:	02/12/2015	Date of Injury:	11/27/2000
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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
 Certification(s)/Specialty: Emergency 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 53 year old female sustained a work related injury on 11/27/2000. According to [REDACTED] reports dated 12/12/2014, the injured worker presented with neck pain. The onset was chronic. The duration of symptoms was constant. Diagnosis was cervical pain. A prescription was given for Norco 5mg/325mg one tablet as needed for pain, 1-2 tab oral every four hours as needed for pain #30 no refills, acute. A MRI of the cervical spine dated 02/19/2015 revealed discectomies and anterior cervical fusion involving the C4-5, C5-6, C6-7 and C7-T1 levels. No significant central or peripheral spinal canal stenoses were identified. According to a Doctor's First Report of Occupational Injury dated 01/08/2015, the injured worker's medication regimen included Pantoprazole, Norco, Gabapentin and Butrans Patches. There was no mention of gastrointestinal complaints. On 01/22/2015, Utilization Review non-certified Pantoprazole 20mg. #60 and Norco 10/325mg #120. According to the Utilization Review physician, a review of the available documentation did not indicate that the injured worker currently had a history of gastrointestinal complaints. CA MTUS Chronic Pain Medical Treatment Guidelines, Proton Pump Inhibitor was referenced. In regard to Norco, the injured worker had been provided limited amounts of Norco for the purposes of weaning in reviews dated 01/09/2014, 11/27/2013, 10/22/2013, 10/16/2013 and 09/05/2013. Weaning was no longer medical necessary. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Pantoprazole 20mg #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has persistent neck pain. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Pantoprazole 20mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.