

Case Number:	CM15-0046849		
Date Assigned:	03/19/2015	Date of Injury:	11/09/2010
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 11/09/10. Initial complaints and diagnoses are not available. Treatments to date include medications and a right costo-vertebral joint injection. Diagnostic studies include MRI of the left knee, CT and x-rays of the chest. Current complaints include left knee and right rib pain. In a progress note dated 02/09/15, the treating provider reports the plan of care as medications including Norco, Gabapentin, and Pantoprazole. The requested treatments are Norco, Gabapentin, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain in his right rib and left knee. The request is for NORCO 10/325MG #90. Per 02/09/15 progress report, the patient is currently taking Norco, Levothroid, Simvastatin, Bayer Low Strength, Gabapentin, Tamsulosin and Pantoprazole. It is not known how long the patient has been on Norco. The patient is currently not working. "Norco provides moderate temporary relief on his pain." Norco decreases his pain by 75%. Worst pain 8/10, least pain score is 7/10, usual pain score 7/10. CURES report 06/23/13 no outside prescribers, no multiple prescribers, no sign of abuse, he uses Norco rarely. Narcotic agreement signed on 12/28/13. Opioid risk tool score 0 = Low Risk." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater mentions narcotic agreement on 12/28/13 and CURES report on 06/23/13. The treater discusses analgesia and side-effects/aberrant drug seeking behavior, but the treater doesn't discuss all 4 A's as required by MTUS guidelines. The treater provides a general statement indicating that "Norco provides moderate temporary relief on his pain." However, no specific ADL changes are noted showing significant improvement. Before/after pain scales and outcome measures are not provided as required by MTUS. Urine drug screening is not provided either. Given the lack of adequate documentation as required by MTUS Guidelines, the request is not medically necessary.

Pantoprazole 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

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

Decision rationale: The patient presents with pain in his right rib and left knee. The request is for Pantoprazole 40MG #30. Per 02/09/15 progress report, the patient is currently taking Norco, Levothroid, Simvastatin, Bayer Low Strength, Gabapentin, Tamsulosin and Pantoprazole. The patient is currently not working. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the one report provided by the treater does not indicate how long the patient has been utilizing Pantoprazole with what effectiveness. It is not known whether or not the patient has been on NSAIDs. The treater does not provide appropriate GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The request is not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with pain in his right rib and left knee. The request is for Gabapentin 600MG #90. Per 02/09/15 progress report, the patient is currently taking Norco, Levothroid, Simvastatin, Bayer Low Strength, Gabapentin, Tamsulosin and Pantoprazole. The patient is currently not working. MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, while the patient presents with right rib and left knee pain, there is no indication of neuropathic pain. Furthermore, the treater does not document whether or not this medication has been helpful in any way. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request is not medically necessary.