

Case Number:	CM15-0051567		
Date Assigned:	03/25/2015	Date of Injury:	01/23/2002
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 50 year old female who sustained an industrial injury on 1/23/02. Mechanism of injury is described as falling off a chair. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having chronic industrial based lower back pain with a left lumbar radiculopathy and is post lumbar discectomy in 2002. Treatments to date have included physical therapy, oral pain medication, proton pump inhibitor, and nonsteroidal anti-inflammatory drugs. Last progress note dated 2/12/15, the injured worker complains of lower back pain with radiation to the lower extremities. Pain is 5-6/10. Patient has complains of "heartburn" from opioid use. Norco providers "moderate" benefit. Patient has been on Norco and Pantoprazole chronically. Documentation of exam only notes tenderness along right sacroiliac joint and notch. Last urine drug screen dated 12/18/15 only noted Opioids. No imaging reports were provided for review. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Tablets of norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines. There is only subjective claims of improvement documented. There is no long term plan for opioid use, no documentation as to why patient continues to be on short acting and not on longer acting opioids despite consistent daily use. There is no noted urine drug screen but no documentation of screening for abuse or side effects. Patient has claims of GI intolerance to opioids, another reason continued opioid therapy is not supported. Norco is not medically necessary.

30 Tablets of pantoprazole 40mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

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

Decision rationale: Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on NSAID therapy. There are complaints of "heartburn" blamed on opioids. Patient is not high risk for GI bleeding. Patient is no on NSAID therapy therefore as per MTUS guidelines, PPIs are not supported. The multiple refills are not appropriate and does meet MTUS guideline requirement for monitoring. Pantoprazole is not medically necessary.