

Case Number:	CM15-0054766		
Date Assigned:	03/30/2015	Date of Injury:	01/26/2006
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 61 year old female sustained an industrial injury to the back on 1/26/06. Recent treatment plan included medications. In a PR-2 dated 2/12/15, the injured worker complained of ongoing low and mid back pain rated 12/10 on the visual analog scale without medications and 6/10 with medications. The injured worker reported that the pain took her breath away and woke her up at night. Physical exam was remarkable for the injured worker in moderate distress with tenderness to palpation at the bra line. The physician noted that magnetic resonance imaging lumbar spine showed a bulging disc at L5-S1. Current diagnoses included thoracic spine or lumbar spine radiculitis. The treatment plan included refilling Norco and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 120 with 0 refills 1 tablet as needed every 6 hours for 30 days:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. A previous taper has been recommended. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.

Protonix Delayed Release 40mg Qty 30 with 0 refills, take 1 tablet once a day for 30 days:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Protonix. According to the clinical documents, there is documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Protonix, as stated in the above request, is determined to be a medical necessity at this time.