

Case Number:	CM15-0057940		
Date Assigned:	04/02/2015	Date of Injury:	12/05/2005
Decision Date:	05/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 5, 2005. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Dilantin, Norco, and Protonix. RFA forms of March 13, 2015 and February 4, 2015 were referenced in the determination, along with progress notes of March 4, 2015 and January 21, 2015. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant's psychologist noted that the applicant had ongoing issues with posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) generating various financial problems and loss of employment. The applicant was given a global assessment of functional (GAF) of 42. In a progress note dated February 27, 2015, the applicant reported 10/10 pain complaints with associated fatigue, loss of energy, and lack of concentration. Forearm, arm, leg, thigh, and foot pain were all reported. The attending provider then stated the applicant medications were helpful, but declined to elaborate further. The applicant was given refills of Norco, Protonix, and Dilantin. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this occasion. An EEG was pending. It was stated that the Dilantin had been endorsed on the advice of the applicant's neurologist. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, on the date in question, February 27, 2015. The applicant reported pain complaints as high as 10/10. The applicant reported difficulty performing activities of daily living as basis as sleeping, concentrating, and interacting with others owing to ongoing pain complaints on that date. All of foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco (hydrocodone-acetaminophen). Therefore, the request was not medically necessary.

Dilantin 100mg, #105: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: Conversely, the request for Dilantin, an anticonvulsant medication, was medically necessary, medically appropriate, and indicated here. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines discusses usage of anticonvulsant such as Dilantin for neuropathic pain purposes, page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge, by implication, that the primary role of anticonvulsants such as Dilantin is in the treatment of epilepsy. Here, the attending provider seemingly stated on February 27, 2015, that was re-introducing Dilantin for what the applicant's neurologist felt was occult epileptiform activity. The applicant's neurologist apparently felt that some of the applicant's symptoms, such difficult concentrating, headaches, etc., might represent occult epileptiform activity and suggested that the primary treating provider (PTP) restart Dilantin on that date. Introduction or re introduction of Dilantin, was, thus, indicated in the clinical context present here on or around the date in question, February 27, 2015. Therefore, the request was medically necessary.

Pantoprazole 20mg, #30: Upheld

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

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

Decision rationale: Finally, the request for Protonix (pantoprazole), proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date of request, February 27, 2015. Therefore, the request was not medically necessary.