

Case Number:	CM15-0081547		
Date Assigned:	05/04/2015	Date of Injury:	11/13/2000
Decision Date:	06/04/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
 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:

The injured worker was a 57 year old female, who sustained an industrial injury, November 13, 2000. The injured worker previously received the following treatments Hydrocodone, Tramadol, Ibuprofen, Cyclobenzaprine and Pantoprazole, physical therapy, acupuncture and epidural injection. The injured worker was diagnosed with neural encroachment bilateral L5-S1 with radiculopathy and deviated fracture of the right foot. According to progress note of March 25, 2015 the injured workers chief complaint was back pain with right greater than the left lower extremity symptoms. The injured worker rated the pain 7 out of 10; 0 being no pain and 10 being the worse pain. Medications facilitate significant tolerance to activity. The physical exam noted tenderness of the lumbar spine. There was decreased range of motion percent of normal. There was tenderness in the right foot diffusely. There was swelling of the right foot. The treatment plan included prescriptions for topical analgesic drug (gabapentin 70%), Hydrocodone and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 70% topical analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." Therefore, continued use is not recommended and it is considered not medically necessary.

Hydrocodone 7.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of what his pain was like previously and how much hydrocodone decreased his pain. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screen results in the chart. There was no drug contract documented. There are no clear plans for future weaning, or goals of care. The patient is also on tramadol which is another opioid. Because of these reasons, the request for hydrocodone is not medically necessary.

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms, cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI.

Decision rationale: The request for Pantoprazole is not medically necessary. The patient is not currently on an NSAID and there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Pantoprazole was prescribed as it is not the first-line PPI to use. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.