

Case Number:	CM15-0088246		
Date Assigned:	05/12/2015	Date of Injury:	12/12/2011
Decision Date:	06/15/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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 56-year-old who has filed a claim for chronic elbow and forearm pain with derivative complaints of insomnia reportedly associated with an industrial injury of December 12, 2011. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve request for Norco and Protonix while approving Neurontin and Naprosyn. The claims administrator referenced a RFA form dated March 30, 2015, in its determination, along with a progress note of the same date. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant presented with ongoing complaints of elbow and low back pain status post earlier ulnar nerve transposition surgery. The applicant also received platelet-rich plasma injections, it was reported. Norco, Neurontin, Naprosyn, and Protonix were endorsed. A permanent 10-pound lifting limitation was imposed. It did not appear that the applicant was working with said limitation in place. The applicant was also using Flector patches, it was reported. It was suggested that Protonix was being employed for gastric protective effect, as opposed to for actual symptoms of reflux. The applicant was incidentally described as drinking six cans of beer a week and smoking half a pack of cigarettes a day. The applicant did, however, apparently deny illicit drug use. Little-to-no discussion of medication efficacy transpired. Drug testing of January 26, 2015 was negative for all items of the panel, including opioids, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

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

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, 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, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions, it was suggested (but not clearly stated) above. The attending provider failed to outline any quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage, it was further noted. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on March 30, 2015 that Protonix was being employed for gastric protective effect as opposed to for combating actual symptoms of reflux. The applicant did not, however, seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitor. Namely, the applicant was less than 65 years of age (age 56), was using only one NSAID (Naprosyn), was not using multiple NSAIDs, was not using NSAID in conjunction with corticosteroids, and did not have a known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.