

Case Number:	CM14-0138537		
Date Assigned:	09/05/2014	Date of Injury:	05/07/2007
Decision Date:	10/09/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 7, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; multilevel lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for Pantoprazole, Lisinopril, and Famotidine, stating that the product was "not covered" on formulary, despite the fact that California does not have an official formulary. The claims administrator also cited a lack of supporting information on the part of the treating provider. The claims administrator also invoked legislative statutes and misrepresented the same as evidence-based guidelines in its Utilization Review Report. The applicant's attorney subsequently appealed. In a September 4, 2014 progress note, the applicant reported persistent complaints of low back pain with associated paraesthesias, numbness, and weakness about the legs. The applicant was having issues with depression and insomnia. Lunesta was ameliorating the applicant's complaints of insomnia, it was stated. The applicant's medication list included Vicodin, Nucynta, Tramadol, and Lunesta, it was stated. The applicant was given several medication refills. Permanent work restrictions were renewed. On June 7, 2014, the applicant was again described as having ongoing complaints of low back pain. The applicant was using Vicodin and Duexis. The applicant had persistent complaints of depression and insomnia, it was noted. There was no explicit mention of issues with reflux, heartburn, dyspepsia, or hypertension on this date. On August 7, 2014, the applicant was again described as having issues with depression, insomnia, chronic low back pain, and resultant difficulty ambulating. The applicant was using Vicodin and Duexis, it was stated in one section of the report, while another section of the report stated that the applicant was given refills of Ultram,

Nucynta, and Lunesta. Again, as with the other notes, there was no explicit mention of issues with reflux, heartburn, or dyspepsia. In a February 19, 2014 psychiatric medical-legal evaluation, the applicant was described as having issues with depression and pain disorder with a resultant global assessment of function (GAF) 60. Once again, hypertension, reflux, and dyspepsia were not explicitly alluded to. On April 25, 2014, the applicant received psychological counseling. Zoloft, Desyrel, and Ativan were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 40MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as pantoprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file made no explicit mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of Protonix. Therefore, the request is not medically necessary.

LISINOPRIL 5MG #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lisinopril Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) notes that Lisinopril (Zestril) is indicated in the treatment of hypertension, in this case, however, the documentation on progress notes referenced above failed to establish the presence of a diagnosis of hypertension for which Zestril (lisinopril) would have been indicated. Several progress notes, referenced above, failed to make any mention of any active issues with hypertension. Usage of Lisinopril (Zestril) was not explicitly discussed on any of the progress notes referenced above. Therefore, the request is not medically necessary.

FAMOTIDINE 40MG #30: 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, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine (Pepcid) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress note on file did not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced, or stand-alone, which would support provision of famotidine (Pepcid). Therefore, the request is not medically necessary.