

Case Number:	CM14-0141607		
Date Assigned:	09/10/2014	Date of Injury:	10/18/2001
Decision Date:	11/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 low back pain reportedly associated with an industrial injury of October 18, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; adjuvant medications; and the apparent imposition of permanent work restrictions through a Medical-legal Evaluation. In a Utilization Review Report dated August 13, 2014, the claims administrator failed to approve request for Protonix, Colace, Motrin, and a functional restoration program evaluation. The applicant's attorney subsequently appealed. In an August 5, 2014 appeal letter, the attending provider complained that several of the claims administrator's denials had been based on ODG's drug formulary, which California has not adopted. The attending provider noted that the applicant reported 7/10 pain and was using Protonix for gastrointestinal (GI) prophylaxis, Norco for breakthrough pain, Topamax for neuropathic pain, and Norflex for muscle spasm. In an August 4, 2014 progress note, the applicant reported 5-7/10 low back pain. The applicant was status post recent left foot surgery. The applicant was on Ativan for anxiety on an as-needed basis. The applicant was depressed and did have a history of asthma. The applicant's medication list includes Tegaderm, lidocaine, Protonix, fentanyl, Colace, Norco, Motrin, Topamax, Norflex, Ativan, and Lidoderm patches. Multiple medications were refilled. The applicant had permanent work restrictions. It was stated that the applicant would benefit from a functional restoration program evaluation. The applicant was permanent and stationary with permanent disability. In a June 23, 2014 progress note, the applicant was temporarily wheelchair bound and/or using a walker for ambulation purposes following foot surgery. The applicant was depressed. The applicant was approaching 69 years of age. In a September 9, 2014 letter, the attending provider stated that he believed the applicant would benefit from a functional restoration program evaluation while the applicant stated that the

applicant was willing to improve, it did not appear that the applicant had a job to return to. It was noted that the applicant had a variety of depressive issues and depressive symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events who qualify for prophylactic usage of proton pump inhibitors include those individuals who are age 65 years or greater and are using non-steroidal anti-inflammatory drugs (NSAIDs). In this case, the applicant is 68+ years of age and is using NSAIDs. The applicant does qualify for prophylactic usage of proton pump inhibitors. Therefore, the request for pantoprazole (Protonix) is medically necessary.

Docusate Sodium 100mg #60 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using several opioid agents, namely Norco and Duragesic. Prophylactic provision of a laxative/stool softener, Colace (docusate), is indicated. Therefore, the request is medically necessary.

Motrin 800mg #30 with 3 refills:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications, such as Motrin, do represent the

traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear discussion of medication efficacy insofar as Motrin is concerned in any of the progress notes referenced above. The applicant is off of work. Permanent restrictions remain in place. The applicant is wheelchair bound/using a walker, it has been stated on several occasions, referenced above. Ongoing usage of Motrin has failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request is not medically necessary.

Functional restoration program (FRP) Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, many of the applicant's symptoms are depressive in nature. However, it does not appear that the applicant has received psychotropic medications and/or comprehensive psychiatric treatment. It does not appear, thus, that less intensive treatment options have been trialed and/or failed before the functional restoration program and/or associated evaluation were considered. Therefore, the request is not medically necessary.