

Case Number:	CM14-0170347		
Date Assigned:	10/20/2014	Date of Injury:	10/14/2013
Decision Date:	11/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 46 year old female with date of injury 10/14/2013. The mechanism of injury is stated as a slip and fall. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy, TENS unit and medications. CT of the lumbar spine dated 10/2013 revealed diffuse degenerative disc disease with neuroforaminal stenosis at L5-S1 and L4-5. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg raise on the left. Diagnoses: lumbar spondylosis, foraminal stenosis L5-S1. Treatment plan and request: hydrocodone, pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 46 year old female has complained of lower back pain since date of injury 10/14/2013. She has been treated with physical therapy, TENS unit and medications to include opioid for at least 2 months duration. The current request is for hydrocodone. No

treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioid. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone is not indicated as medically necessary.

Pantoprazole 20 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 46 year old female has complained of lower back pain since date of injury 10/14/2013. She has been treated with physical therapy, TENS unit and medications to include pantoprazole since at least 07/2014. The current request is for pantoprazole. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, pantoprazole is not indicated as medically necessary in this patient.