MAXIMUS Federal Services

Case Number:	CM14-0096576		
Date Assigned:	07/28/2014	Date of Injury:	01/09/2014
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 patient is a 47-year-old male who was injured on 01/09/2014 when a chain broke while he was walking to get a bin. Prior medication history included Percocet, Tramadol, oxycodone, and omeprazole. He has been treated conservatively with physical therapy. There are no urine drug screenings available for review. X-ray of the thoracic spine dated 01/31/2014 demonstrated abdominal calcifications and coronary artery disease. Progress report dated 06/16/2014 states the patient presented with complaints of back pain, headaches, blurry vision in the left eye and left ring finger pain. Objective findings on exam revealed tenderness and decreased range of motion of the thoracic spine. He reported pain and stiffness of the left ring finger PIP joint. He is diagnosed with thoracic region sprain, ribs sprain; and finger injury. His treatment plan included a consult to the neurologist for headaches and blurry vision and physical therapy for the left hand finger. Prior utilization review dated 06/05/2014 states the request for Norco 5/325 mg #60 is modified to Norco 5/325 mg #40 to begin reduction and discontinuation of opioid medication; Protonix 20 mg #30 with 2 refills is denied as first line therapies are not documented and Tramadol #90 with one refill is modified to Tramadol #50 without refills for reduction and discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic back pain is not clearly established. In this case a request is made for Norco for a 47-year-old male injured on 1/9/14 with chronic thoracic pain. However, history and examination findings do not demonstrate clinically significant functional improvement, reduction in dependency on medical care, or pain reduction from use of Norco. Norco is specifically noted not to improve the patient's pain. Medical necessity is not established.

Protonix 20 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation ODG web 11 th edition 2013, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, PPI's, such as Protonix, may be indicated for patients taking NSAIDs at moderate to high risk of gastrointestinal events. However, records do not establish moderate to high risk. Further, it is not clear that the patient is taking an NSAID. Medical necessity is not established.

Tramadol #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioids Page(s): 78,93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic back pain is not clearly established. In this case a request is made for Tramadol for a 47-year-old male injured on 1/9/14 with chronic thoracic pain. However, history and examination findings do not demonstrate clinically significant functional improvement, reduction in dependency on medical care, or pain reduction from use of Tramadol. Medical necessity is not established.