

Case Number:	CM14-0157860		
Date Assigned:	10/01/2014	Date of Injury:	06/20/2000
Decision Date:	03/13/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 67-year-old male who reported an injury on 01/20/2000 due to cumulative trauma while performing normal job duties. The injured worker's diagnoses included sacroiliac joint dysfunction, lumbar radiculopathy, lumbar facet arthropathy, depression, and carpal tunnel syndrome. Previous treatments have included medications, transforaminal epidural steroid injections, and a triple CABG in 1998. The injured worker's medications included Lunesta 3 mg 1 every night as needed, Nucynta 100 mg tablets 1 by mouth every 4 to 6 hours with a maximum of 3 per day, Butrans patches 20 mcg per hour 1 patch every week, Protonix 40 mg 1 by mouth twice a day, Tricor tabs 160 mg once daily, Halfprin 162 mcg once daily, metoprolol tartrate 50 mg once daily, and Crestor 10 mg once daily. The injured worker was evaluated on 08/28/2014. It was documented that the injured worker had continued pain complaints of the lumbar spine. The physical findings included moderate diffuse tenderness to palpation over the lumbar area with limited range of motion secondary to pain. The injured worker's treatment plan included a urine toxicology screen and continued conservative treatment to include a home exercise program. The injured worker was also monitored for aberrant behavior with urine drug screens. A Request for Authorization for a refill of Protonix and a tox screen was dated 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOX SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested tox screen is not considered medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens to monitor patients who are using opioids. The clinical documentation submitted for review does indicate that the injured worker is using opioids. Therefore, a urine drug screen would be supported. However, the clinical documentation submitted for review does indicate that the injured worker underwent a urine drug screen in 06/2014 that did not identify any aberrant behavior. The clinical documentation submitted for review does not provide any evidence of overuse or withdrawals to support the need for an additional tox screen. As such, the requested tox screen is not considered medically necessary or appropriate.

PROTONIX 40MG # 60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

Decision rationale: The requested Protonix 40 mg #60 with 2 refills is not considered medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are risk for development of gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support the need for a gastrointestinal protectant. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 40 mg #60 with 2 refills is not considered medically necessary or appropriate.