

Case Number:	CM14-0212377		
Date Assigned:	01/02/2015	Date of Injury:	05/09/2001
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 shoulder, neck, and wrist pain reportedly associated with an industrial injury of May 9, 2001. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve requests for hydrocodone, Protonix, and Motrin. The claims administrator denied Protonix outright on the grounds that it was a non-formulary ODG item. There was no mention of medication selection, medication efficacy, or other guidelines. The claims administrator stated that its decision was based on various progress notes interspersed throughout 2013. The applicant's attorney subsequently appealed. In a November 13, 2014 RFA form, glucosamine, Flexeril, Norco, Protonix and Motrin were renewed. In a progress note dated July 15, 2014, the applicant reported persistent complaints of shoulder, neck, and upper extremity pain, unchanged. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant was reportedly using glucosamine, Flexeril, a ketamine cream, Norco, Protonix, Motrin, hydrochlorothiazide, Zocor, and Tylenol, it was stated. Multiple medications were refilled. The applicant was precluded from her usual and customary work owing to permanent restrictions imposed by a medical-legal evaluator. The attending provider suggested that the applicant pursue a functional restoration program of some kind. The gastrointestinal review of systems was described as negative for any issues with heartburn. An October 7, 2014 progress note was again notable for comments that the applicant again reported persistent complaints of neck, shoulder, and upper extremity pain. The applicant was status post earlier shoulder surgery and a carpal tunnel release surgery. The applicant was given refills of

Synovacin, glucosamine, Norco, Protonix, and Motrin. The attending provider again suggested that the applicant pursue a functional restoration program. 2/10 pain with medications versus 7/10 pain without medications was noted. The attending provider stated that the applicant was able to wash dishes and that this constituted evidence of improvement with medications. Once again, the applicant's gastrointestinal review of systems was negative for any issues with heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider did recount some reductions in pain scores reportedly achieved as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing therapy. The attending provider's commentary to the effect that the applicant was able to wash her dishes with medication does not, in and of itself, constitute evidence of meaningful improvement achieved as a result of the same. Therefore, the request was not medically necessary.

Pantoprazole 20mg #60 with 2 refills: Upheld

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

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

Decision rationale: The request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia on

progress notes of October 7, 2014 and July 15, 2014, referenced above. Therefore, the request was not medically necessary.

Motrin-Ibuprofen 800mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: Finally, the request for Motrin, an antiinflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory 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 is, however, 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. Here, the applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Motrin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.