

Case Number:	CM14-0050730		
Date Assigned:	07/07/2014	Date of Injury:	06/08/2012
Decision Date:	02/25/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 46 year-old female who injured her mid and lower back on 6/8/12 when a co-worker bumped a cart into her chair while she was sitting down. She also injured herself on 4/12/13 when a bar fell and hit the top of her head. She had no loss of consciousness but was "dazed and confused" and had pain in the neck and shoulder girdles. On exam, she had tender paravertebral muscles with decreased range of motion of cervical spine. She had patchy-decreased sensation in the bilateral upper extremities, notably in C6. X-rays of the cervical spine showed mild degenerative changes. She was diagnosed with cervical strain, cervical radiculopathy, thoracic spondylosis bilateral shoulder girdle strain, and closed-head injury. She had persistent headache and dizziness. The chart contained information from another patient that had the same first name. The current request is for Protonix, Norco, and Anaprox which was denied by utilization review on 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI.

Decision rationale: The request for Protonix is not medically necessary. The patient has also been prescribed Anaprox but there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Protonix was prescribed. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Norco 2.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Anaprox is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's cervical pain has been treated with NSAIDs, but there was no documentation of objective functional improvement and quantitative improvement in pain scores. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.