

Case Number:	CM15-0011355		
Date Assigned:	01/28/2015	Date of Injury:	08/15/2003
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California

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 45 year old female, who sustained an industrial injury on 8/15/2003. She has reported back and neck injuries. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and cervicalgia. Treatment to date has included diagnostics, medication, and epidural steroid injections. Currently, the injured worker injured worker complains of increased pain which is chronic in neck and weakness of bilateral lower extremities. She states that she is now interested in surgery as previously she was not. She states that the Norco alleviates the pain but after a few hours the effect wears off. The physical exam revealed antalgic gait with assistance of walker. She complains of pain in neck but no lumps. She has balance problems and numbness. The straight leg raise on the right was mildly positive but absent on the left. Magnetic Resonance Imaging (MRI) cervical spine dated 8/1/07 revealed disc osteophyte complex with facet hypertrophy, degenerative disc disease and disc space narrowing. The previous urine drug screen was inconsistent with prescribed medications. Treatment plan was medication refills and possible surgical intervention. The work status was permanent and stationary. On 12/16/14 Utilization Review modified a request for Norco 10/325mg #90 modified to Norco 10/325mg #45 recommended for weaning. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 12/16/14 Utilization Review non-certified a request for Protonix Dr 20mg #30 with 1 refill, noting the use of this medication is not medically necessary as the records do not support any gastrointestinal issues. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no indication of Tylenol failure. Pain score comparisons for medication response was not noted. The continued use of Norco is not medically necessary.

Protonix Dr 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor, NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.