

Case Number:	CM15-0015897		
Date Assigned:	02/03/2015	Date of Injury:	01/26/1999
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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 58 year old female who sustained an industrial injury on January 26, 1999. She has reported pain in the right and left hip and has been diagnosed with right hip pain, status post surgery, right hip, left hip pain, left hip sprain/strain, and status post surgery, left hip. Treatment has included surgery, medications, and individual psychotherapy. Currently the injured worker complains of sharp, stabbing pain in the right hip and constant moderate to severe left hip pain. The treatment plan included medications. On December 24, 2014 Utilization Review non certified pantoprazole 20 mg # 60 and modified hydrocodone 10/325 # 120 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD), Ann Arbor (MI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 01/26/99 and presents with sharp, stabbing pain in the right hip and constant moderate to severe left hip pain. The request is for PANTOPRAZOLE 20 MG #60. The RFA is dated 12/16/14 and the patient is to remain off of work until 12/21/14. The patient has been taking this medication as early as 09/30/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65.2.History of peptic ulcer disease and GI bleeding or perforation.3.Concurrent use of ASA or corticosteroid and/or anticoagulant.4.High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient has been taking Pantoprazole since 09/30/14. As of 12/16/14, the patient is taking Tramadol, Pantoprazole, Hydrocodone, and Soma. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Pantoprazole IS NOT medically necessary.

1 Prescription of Hydrocodone 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 01/26/99 and presents with sharp, stabbing pain in the right hip and constant moderate to severe left hip pain. The request is for HYDROCODONE 10/325 MG #120. The RFA is dated 12/16/14 and the patient is to remain off of work until 12/21/14. The patient has been taking this medication as early as 09/30/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens were provided to check if the patient was consistent with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone IS NOT medically necessary.

