

Case Number:	CM15-0018446		
Date Assigned:	02/06/2015	Date of Injury:	04/26/2005
Decision Date:	03/30/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 35-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 26, 2005. In a Utilization Review Report dated January 24, 2015, the claims administrator partially approved a request for Vicodin and reportedly approved a request for Dexilant. The claims administrator referenced a January 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant reported persistent complaints of low back pain, 3/10. The applicant was not working at age 35, despite ongoing complaints of low back pain. The applicant was on Dexilant, Parafon, and Vicodin. Additional acupuncture and manipulative therapy were endorsed. It was stated that Dexilant was effectively controlling the applicant's issues with reflux by (100%). Vicodin was renewed. It was acknowledged that the applicant was not working following imposition of permanent work restrictions. 3/10 pain with medications and 5/10 pain without medication was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 1. No, the request for Vicodin, 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. While the attending provider's progress note of December 18, 2014 did establish the presence of reduction in pain scores from 5/10 without medication to 3/10 with medication, this system, 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 effected as a result of ongoing opioid usage with Vicodin. Therefore, the request was not medically necessary.

Dexilant DR 60mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 2. Conversely, the request for Dexilant, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated to combat issues with NSAID-induced dyspepsia or, by analogy, the standalone dyspepsia and reflux reportedly present here. The attending provider's December 18, 2014 progress note did suggest that the applicant's issues with reflux had been effectively attenuated following introduction of Dexilant. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.