

Case Number:	CM15-0110125		
Date Assigned:	06/16/2015	Date of Injury:	09/29/2007
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Emergency 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 injured worker is a 59 year old female who sustained an industrial injury on 09/29/2007. Treatment provided to date has included: cervical fusion surgery, bilateral shoulder surgeries, physical therapy, injections, medications, and conservative therapies/care. Diagnostic tests performed include: multiple MRIs including the bilateral shoulders (04/2012), cervical and lumbar spines (04/2008), right knee (04/2011); and electrodiagnostic and nerve conduction testing (05/2012). There were no other dates of injury noted. Comorbidities included diabetes. On 04/28/2015, physician progress report noted complaints of neck pain. The pain was rated 8/10 (0-10) in severity without medications, and was described as constant, worsening, burning and moderate in severity. The neck pain was accompanied with numbness and tingling in the bilateral upper extremities to the level of the fingers, and associated with occipital headaches. Additional complaints included constant and worsening low back pain accompanied with occasional/intermittent numbness and tingling in the lower extremities, and described as worsening, burning and moderate to severe with a pain rating of 9/10 without medications. The injured worker also reported difficulty sleeping, bilateral upper extremity/shoulder pain, bilateral lower extremity pain/knee, severe constipation and moderate gastrointestinal upset. The injured worker reported the use of anti-seizure medication, non-steroid anti-inflammatory drugs (NSAIDs), opioid pain medication, topical analgesics, and home exercises as current treatments, with moderate improvement. Areas of functions improvement due to the current treatments include doing hobbies, walking in the neighborhood, dressing, reading and sleeping. The physical exam revealed a moderately distressed appearance, slow gait with use of cane,

depressed and crying, tenderness to the cervical spinal vertebral at C57, tenderness to the left trapezius muscle, limited range of motion (ROM) in the cervical spine, increased pain with flexion, extension and rotation, tenderness to palpation of the lumbar spinal vertebral at L4-S1, limited ROM in the lumbar spine due to pain, and increased pain with flexion and extension. The provider noted diagnoses of cervical radiculopathy, status post cervical fusion, lumbar disc degeneration, left shoulder pain, osteoarthritis, anxiety, iatrogenic opioid dependency, history of opiate abuse, history of suicide ideations, constipation, history of bilateral shoulder surgeries, and altered mental status. Plan of care includes pantoprazole, Norco, Lyrica and Senokot S. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: pantoprazole (non-certified), Norco (non-certified), Lyrica and Senokot S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 MG #60: Upheld

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

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

Decision rationale: Pantoprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on any NSAIDs. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient does not meet any indication for PPI therapy. Pantoprazole is not medically necessary.

Norco 5-325 MG #60: 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): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has no documented benefit from opioid therapy. Pt has persistent severe 8-9/10 pain even with medication with significant deficits noted. Documentation fails to support continued opioid therapy. Norco is not medically necessary.

