

Case Number:	CM15-0111325		
Date Assigned:	06/17/2015	Date of Injury:	03/27/2007
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: Pennsylvania, Ohio, 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 50 year old female, who sustained an industrial injury on 03/27/2007. On provider visit dated 04/20/2015 the injured worker has reported chronic low back pain. On examination the lumbar spine revealed a slightly antalgic gait. Lumbar range of motion was noted to be decreased with spasms and guarding noted in the lumbar spine. The diagnoses have included cervical disc displacement, lumbar sacral disc degenerative, lumbar disc displacement without myelopathy and unspecified major depression. Treatment to date has included functional restoration program, home exercise program, injections and medication: Diclofenac, Ketamine, Pantoprazole-Protonix, Doxepin, Venlafazine and Tramadol. The provider requested Pantoprazole-Protonix for stomach and Tramadol/APAP for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case discuss a history of gastric symptoms but provide very limited details regarding the nature of such symptoms or the rationale/benefit of continuing this treatment on a chronic basis or the effectiveness of this medication in treatment such symptoms. Without such clarifying data regarding an ongoing indication for this medication and discussion of its effectiveness and any side effects, the request is not medically necessary.

Tramadol/APAP 37.5/325mg #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/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.