MAXIMUS Federal Services

Case Number:	CM15-0114710		
Date Assigned:	06/23/2015	Date of Injury:	01/15/2014
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old female with an industrial injury dated 01/15/2014. The mechanism of injury was documented as lifting resulting in the onset of back, neck and right upper extremity pain. Her diagnoses included neck pain, pain in joint (shoulder), syndrome cervicobrachial, carpal tunnel syndrome and lesion ulnar nerve. Prior treatment included physical therapy (limited improvement), acupuncture (short term benefit), and trigger point injections. She presents on 05/27/2015 for follow up of shoulder girdle and right upper extremity pain. She states the pain in her neck radiates to her shoulder/shoulder blade and down the arm. She also notes the elbow is tender and she had radiating pain into the 4th and 5th digits as well as the medial aspect of the forearm. The provider documents the injured worker continues to benefit from Norco and amitriptyline. Work status was with restrictions. She reported she was authorized to see a psychiatrist for her mood depression. Physical exam noted tight scalene muscles. The shape, bulk, contour and tone of the shoulder girdle were normal. Right shoulder range of motion was normal with no signs of impingement noted. The injured worker's medications were Pantoprazole, Ketamine cream, Norco, Amitriptyline HCL, Baclofen, Glucosamine and Vitamin D. Treatment plan includes regular medications with a trial of Gabapentin, follow up with psychiatry consultation and follow up in 4 weeks. Treatment request was for Norco 10/325 mg # 60 and Pantoprazole-Protonix 20 mg # 60. The request for Amitriptyline HCL 25 mg # 30 and Gabapentin 600 mg # 60 were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20 mg #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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole-Protonix 20 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The progress notes does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Protonix is not medically necessary.

Norco 10/325 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 Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant objective evidence of increased function therefore the request for continued Norco is not medically necessary.