

Case Number:	CM15-0118310		
Date Assigned:	06/26/2015	Date of Injury:	08/02/2010
Decision Date:	08/25/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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, New York, 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 64-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of anxiety and depression reportedly associated with an industrial injury of August 2, 2010. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve requests for pantoprazole (Protonix), Sonata, and Motrin. The claims administrator referenced an RFA form received on May 11, 2015 and a progress note dated April 21, 2015 in its determination. The applicant's attorney subsequently appealed. On said handwritten April 21, 2015 progress note, the applicant was given medication refills. No discussion of medication efficacy seemingly transpired. The applicant's work and functional status were not detailed. In an earlier note dated January 27, 2015, the applicant, once again, received refills of unspecified medications, once again, without any discussion on medication efficacy. A lumbar support was endorsed. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: No, the request for Sonata, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations to ensure proper usage and to manage expectations. Here, however, there was no mention of whether or not ongoing usage of Sonata was or was not effective. The handwritten April 21, 2015 progress note did not explicitly discuss Sonata by name, nor did the handwritten April 21, 2015 progress note state whether Sonata had or had not proven effectual for whatever purpose it was being employed. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that Sonata is recommended for short-term use purposes. Here, it was not stated whether Sonata was being employed for the short-term role for which it is espoused by ODG or whether Sonata was in fact being employed for long-term use purposes. Therefore, the request was not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the handwritten April 21, 2015 progress note at issue was thinly and sparsely developed, difficult to follow, and did not clearly state whether or not ongoing usage of Motrin was or was not effective. The applicant's work and functional status were not detailed. The presence or absence of functional improvement defined in MTUS 9792.20e with ongoing Motrin usage was not discussed. Therefore, the request was not medically necessary.

Pantoprazole 20mg #120: Upheld

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

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

Decision rationale: Finally, the request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of April 21, 2015 or January 27, 2015, referenced above. Therefore, the request was not medically necessary.