

<b>Case Number:</b>	CM15-0124365		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female who sustained an industrial injury on 8/30/2010 resulting in chronic neck and low back pain. She was diagnosed with lumbar sprain and strain, lumbar degenerative disc disease, lateral epicondylitis, and neck sprain and strain. Documented treatment includes medication, physical therapy, exercise, and cognitive behavioral therapy which she reports is not reducing pain symptoms. The injured worker continues to report severe neck and low back pain and numbness. The treating physician's plan of care includes Protonix 20mg, and Vicodin 5/300mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #30:** 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, specific drug list & adverse effects, Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in August 2010 and continues to be treated for neck, low back, and shoulder pain. When seen, pain was rated at 9/10. Physical examination findings included decreased and painful lumbar spine range of motion with negative straight leg raising. Ultram had been denied. A trial of Vicodin was started. Protonix was prescribed. The claimant other medications were Neurontin, lisinopril, Zoloft, and metformin. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Protonix was not medically necessary.

**Vicodin 5/300mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant sustained a work injury in August 2010 and continues to be treated for neck, low back, and shoulder pain. When seen, pain was rated at 9/10. Physical examination findings included decreased and painful lumbar spine range of motion with negative straight leg raising. Ultram had been denied. A trial of Vicodin was started. Protonix was prescribed. The claimant other medications were Neurontin, lisinopril, Zoloft, and metformin. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when she was having severe pain. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Vicodin was medically necessary.