

Case Number:	CM15-0178335		
Date Assigned:	09/18/2015	Date of Injury:	12/16/2003
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 46-year-old male, who sustained an industrial injury on 12-16-2003. He has reported subsequent low back pain and was diagnosed with lumbar sprain, lumbago and spondylotic compression of the lumbar spinal cord. There was no discussion of any imaging studies that were performed. Treatment to date has included oral pain medication and lumbar laminectomy and posterior spinal fusion. Protonix and Norco were noted to be prescribed since at least 02-16-2015. There was no documentation as to the effectiveness of the medication for pain relief and function. In a progress note dated 07-08-2015, the injured worker was seen for medication refills and there were no subjective or objective examination findings documented. In the most recent progress note prior to that visit (dated 05-04-2015), the injured worker reported continued low back pain aggravated with walking, standing and bending. The severity of pain was not rated. Objective findings were within normal limits. The injured worker was noted to be on narcotics for a couple of years. Work status was documented as permanent and stationary and there was no documentation of a change in work status. A request for authorization of Pantoprazole sodium DR 20mg (Protonix) #60, quantity 2; (total quantity 120), dispensed 7-8-15 and Norco 2.5-325mg #15 qty; 3 (total quantity 45), dispensed 7-8-15 was submitted. As per the utilization review on 08-19-2015, the requests for Pantoprazole sodium DR 20mg (Protonix) #60, quantity 2; (total quantity 120), dispensed 7-8-15 and Norco 2.5-325mg #15 qty; 3 (total quantity 45), dispensed 7-8-15 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR 20mg (Protonix) #60, qty 2; (total qty 120), dispensed 7/8/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on Pantoprazole for several months. There was no GI diagnostic investigation. Therefore, the continued use of Pantoprazole is not medically necessary.

Norco 2.5/325mg #15 qty;3 (total qty 45), dispensed 7/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without documentation for pain scores or clinical justification. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.