

Case Number:	CM15-0061280		
Date Assigned:	04/07/2015	Date of Injury:	04/26/2011
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

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 43-year-old male, who sustained an industrial injury on April 26, 2011. He reported mid and low back pain and left wrist pain. The injured worker was diagnosed as having thoracic sprain, lumbosacral/thoracic radiculitis and lumbar degenerative joint disease and disc protrusion. Treatment to date has included diagnostic studies, chiropractic care, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he was not a surgical candidate. He was treated with physical therapy for the back pain and wrist pain with a resolution of the wrist pain. He continued to experience back pain. Evaluation on March 18, 2015, revealed continued pain. Medications were adjusted, renewed and requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4A's, including analgesia, activities of daily living, adverse side effects and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines, Tylenol #3 is not indicated a medical necessity to the patient at this time.

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case and the clinical documents were reviewed. The request is for Protonix. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (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 use of Protonix, as stated in the above request, is determined not to be a medical necessity at this time.