

Case Number:	CM15-0069024		
Date Assigned:	04/16/2015	Date of Injury:	09/19/2013
Decision Date:	06/16/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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: California, North Carolina
 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 42 year old male who sustained an industrial injury on 09/19/2013. The injured worker was diagnosed with cervicgia, rule out cervical disc injury, rule out cervical radiculopathy of the upper extremity, compression neuropathy/double crush and rule out lumbar disc injury. Treatment to date includes diagnostic testing, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar brace and medications. According to the primary treating physician's progress report on February 6, 2014, the injured worker continues to experience cervical and low back pain. The injured worker rates his neck pain level at 7/10 with left upper extremity symptoms and his low back pain at 5/10 with lower extremity symptoms. Examination demonstrated tenderness of the cervical and lumbar spine with decreased range of motion and positive straight leg raise bilaterally. There was a decrease in spasm noted of lumbar paraspinal musculature. Current medications are listed as Naproxen, Hydrocodone and Pantoprazole. Treatment plan consists of awaiting Electromyography (EMG)/Nerve Conduction Velocity (NCV) response, daily exercise, maintain activity level, transcutaneous electrical nerve stimulation (TEN's) unit, lumbosacral orthosis and the current request for Hydrocodone and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term use Page(s): 88.

Decision rationale: CA MTUS states that Norco is a short-acting opioid for short-term treatment of moderate to severe pain. It is not indicated for long-term use unless significant pain relief or improvement in function allowing the patient to return to work is demonstrated. Documentation submitted does not support long-term use. In addition, documentation is lacking description of analgesia, functional capacity, appropriate medication use and side effects of medication. Based on these findings, the request for Norco 10/325 #60 is deemed not medically necessary.

Pantoprazole 20mg #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 (ODG) proton pump inhibitor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Pantoprazole is a proton pump inhibitor that the ODG regards as a second-line treatment for dyspepsia after a failed trial of first-line PPIs omeprazole or lansoprazole. In this case, there is no prior trial of the first-line PPIs documented, so the request is deemed not medically necessary.