

Case Number:	CM15-0076499		
Date Assigned:	04/28/2015	Date of Injury:	11/07/2013
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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

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:

This 53 year old female sustained an industrial injury on 11/7/13. She subsequently reported back pain. Diagnoses include thoracic spine sprain, thoracic disc herniation and lumbar radicular syndrome. Treatments to date have included x-ray and MRI studies and prescription pain medications. The injured worker continues to experience upper back and wrist pain. Upon examination, there was mild limitation of motion, tenderness to palpation over muscles of the thoracic spine as well as a positive Tinel's noted over the bilateral forearms. A request for Protonix and Tylenol medications was made by the treating physician. There is no documentation of GI risks, side effects from medications or benefits from opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, thirty count: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - PPIs.

Decision rationale: MTUS Guidelines do not support the routine use of PPIs with NSAIDs unless there are specific individual risk factor(s) present (age, prior history of GI bleeding etc) or there are GI symptoms associated with use. These qualifying conditions are not documented to be present. If indicated, Guidelines recommend a usual and customary dose of Omeprazole. ODG Guidelines provided additional information recommending that if a PPI is indicated first line PPIs should be trialed first as they are all of equal proficiency. Protonix is a second line PPI and there is no evidence of 1st line use. Under these circumstances the Protonix 20mg. #30 is not supported by Guidelines and is not medically necessary.

Tylenol #3, 300/30 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: For the responsible prescribing of long term opioids, MTUS Guidelines have very specific recommended documentation and monitoring standards. These have not been met. Specific documentation of how the medication is used, how much pain relief is experienced / for how long, and how the medication benefits function are minimal requirements per MTUS standards. This may be an appropriate medication for this individual, but the documentation is inadequate to substantiate this on a long term basis. This decision could be reversed with adequate documentation. Under these circumstances, the Tylenol #3 300/30 #60 is not supported by Guidelines and is not medically necessary.