

Case Number:	CM15-0092520		
Date Assigned:	05/20/2015	Date of Injury:	06/12/2002
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male sustained an industrial injury on 6/12/02. He subsequently reported back pain. Diagnoses include lumbar disc displacement without myelopathy and lumbosacral neuritis. Treatments to date include x-ray and MRI testing, physical therapy, spinal cord stimulator, injections and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, range of motion is reduced, straight leg raise test is positive on the left, spasm and guarding is noted on the lumbar spine. A request for Hydrocodone and Pantoprazole medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient presents with back pain that radiates to lower extremity. The request is for Hydrocodone 10/325MG #120. The request for authorization is dated 04/08/15. MRI of the lumbar spine, 08/19/14, shows L4-5 central disc extrusion is associated with severe bilateral subarticular gutter stenosis and may be impinging both descending L5 nerve roots, left greater than right. Moderate L3-4 and L4-5 central stenosis due partially to epidural lipomatosis is worst at L4-5. Foraminal stenosis is most prominent on the right at L5-S1 but the exiting nerve root is not impinged. Physical examination reveals lumbar spine spasm and guarding. Straight leg raise is positive on left. Patient complains of heartburn. He has previously trialed Prilosec (first line PPI), which was not beneficial. He has improvement in function including activities of daily living he is able to do simple activities such as light housework cleaning around the house and personal hygiene better with medication compared to without. He reports about 30% decrease in pain and improvement in walking tolerance from 304 blocks without medications to 10 blocks with Norco. He states that with this medication he is able to move around and carry out his daily activities including his exercise program. There has been no aberrant drug behavior, he has no side effects from the medication and he does get clear analgesia. His CURES report dated 06/13/14, indicates that the patient has been receiving opioids only from our office. The patient has recently signed an opioid pain contract with us on 02/13/15. Patient's medications include Ambien, Pantoprazole, Tizanidine, Gabapentin, Hydrocodone-Apap, Vitamin D3, Amlodipine Besylate, Amylase/Lipase/Protease, Aspirin, Atorvastatin, Clopidogrel and Nitrostat. Per progress report dated 04/07/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Per report dated 04/21/15, treater's reason for the request is "The patient has clear indication for chronic pain medication and he has improvement in function including activities of daily living. The patient is prescribed Hydrocodone since at least 11/18/14." MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater does discuss how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of Hydrocodone. Furthermore, there are documentation and discussion regarding adverse effects and aberrant drug behavior. There are UDS, CURES and opioid pain contract. Therefore, the request is medically necessary.

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with back pain that radiates to lower extremity. The request is for Pantoprazole 20MG #60. The request for authorization is dated 04/08/15. MRI of

the lumbar spine, 08/19/14, shows L4-5 central disc extrusion is associated with severe bilateral subarticular gutter stenosis and may be impinging both descending L5 nerve roots, left greater than right. Moderate L3-4 and L4-5 central stenosis due partially to epidural lipomatosis is worst at L4-5. Foraminal stenosis is most prominent on the right at L5-S1 but the exiting nerve root is not impinged. Physical examination reveals lumbar spine spasm and guarding. Straight leg raise is positive on left. Patient complains of heartburn. He has previously trialed Prilosec (first line PPI), which was not beneficial. He has improvement in function including activities of daily living he is able to do simple activities such as light housework cleaning around the house and personal hygiene better with medication compared to without. He reports about 30% decrease in pain and improvement in walking tolerance from 304 blocks without medications to 10 blocks with Norco. He states that with this medication he is able to move around and carry out his daily activities including his exercise program. There has been no aberrant drug behavior, he has no side effects from the medication and he does get clear analgesia. His CURES report dated 06/13/14, indicates that the patient has been receiving opioids only from our office. The patient has recently signed an opioid pain contract with us on 02/13/15. Patient's medications include Ambien, Pantoprazole, Tizanidine, Gabapentin, Hydrocodone-Apap, Vitamin D3, Amlodipine Besylate, Amylase/Lipase/Protease, Aspirin, Atorvastatin, Clopidogrel and Nitrostat. Per progress report dated 04/07/15, the patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per report dated 04/21/15, treater's reason for the request is "the patient complains of GI symptoms such as heartburn secondary to the use of oral medications. He is currently using Aspirin, which has the propensity to cause GI side effects." The patient has been prescribed Pantoprazole since at least 11/18/14. Patient complains of heartburn. He has previously trialed Prilosec (first line PPI), which was not beneficial. MTUS supports the concurrent use of a PPI as a prophylactic measure. Therefore, the request is medically necessary.