

Case Number:	CM15-0099926		
Date Assigned:	06/02/2015	Date of Injury:	07/29/1998
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old female patient who sustained an industrial injury on 07/29/1998. Back on 10/07/2014 a primary treating office visit reported the patient with subjective complaint of having lower back pain, and left knee pain. Current medications are: Hydrocodone, alprazolam, Buprenorphine, Promethazine, and Pantoprazole. In addition, she is with complaint of nausea, and unsteady gait, leg pain. She states attending pool therapy with improved strength and flexibility along with weight loss. She reports having some difficulty with the timing of prescriptions which has caused increased pain and anxiety. A urine drug screen is consistent with prescribed medications. She is diagnosed with failed back surgery syndrome, spinal cord stimulator, depression, anxiety, and being two months post-operative for left knee arthroscopy. The plan of care noted the patient continuing with medication regimen. She is disabled. By 03/04/2015 the patient subjective complaints remain unchanged. There is discussion of the patient having undergone a computerized tomography scan at the direction of PCP of which results are pending. The treating diagnoses remain unchanged. The plan of care noted the recommendation to obtain a gym membership for continued aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 -69.

Decision rationale: The patient is a 57 year old female with an injury on 07/29/1998. She had low back pain and left knee pain. She had left knee arthroscopy and failed back surgery syndrome. She had a spinal cord stimulator implanted is taking opioids. She does not meet MTUS, Chronic Pain criteria for proton pump inhibitors (PPI) as she is not 65 years of age or older, there is no documentation of GI bleeding or peptic ulcer disease and she is not taking anticoagulants. Therefore the request is not medically necessary.

Promethazine 25 MG Qty 60: 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.

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

Decision rationale: The patient is a 57 year old female with an injury on 07/29/1998. She had low back pain and left knee pain. She had left knee arthroscopy and failed back surgery syndrome. She had a spinal cord stimulator implanted is taking opioids. Promethazine is a strong sedative and a weak anti-psychotic medication. It can cause respiratory depression and tardive dyskinesia. ODG notes that it is not recommended for the treatment of opioid associated nausea or emesis. Therefore the request is not medically necessary.