

Case Number:	CM14-0027840		
Date Assigned:	06/18/2014	Date of Injury:	06/04/2011
Decision Date:	08/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Pain Medicine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 06/04/2011 due to a slip and fall. On 10/09/2013, the injured worker presented with low back and left leg pain. Upon examination of the lumbar spine, there was tenderness to palpation over the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation noted throughout. There was decreased range of motion and decreased sensory examination over the post lateral thigh, lateral calf and dorsum of the foot on the left side. There was a positive straight leg raise bilaterally. The diagnoses were lumbar spine myoligamentous injury with left lower extremity radiculopathy. Prior therapies included stretching exercises, physical therapy, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants. The provider recommended Protonix and Norco. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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 & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to Non-Steroid Anti-Inflammatory Drug (NSAID) therapy or for those taking Non-Steroid Anti-Inflammatory Drug (NSAID) medications who are at moderate to high risk for gastrointestinal events. The provided documentation lacks evidence that the injured worker is at moderate to high risk for gastrointestinal events. The injured worker has been prescribed Protonix since at least 10/2013; the efficacy of the medication was not provided. Additionally, the provider's request for Protonix did not indicate the frequency of the medication in the request as submitted. As such, the request of Protonix 20mg #60 is not medically necessary and appropriate.

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for the risk of aberrant drug abuse behaviors and side effects. Additionally, the injured worker has been prescribed Norco since at least 10/2013, but the efficacy of the medication was not provided. Additionally, the provider's request for Norco does not indicate the frequency of the medication in the request as submitted. As such, the request of Norco 10/325 #60 is not medically necessary and appropriate.