

Case Number:	CM14-0067014		
Date Assigned:	07/23/2014	Date of Injury:	02/15/2012
Decision Date:	08/06/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 2/15/12. She has reported initial complaints of neck, back and left shoulder pain. The diagnoses have included lumbar disc displacement and lumbosacral spondylosis. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, Functional Restoration Program, epidural steroid injection (ESI) and other modalities. Currently, as per the physician progress note dated 4/28/14, the injured worker complains of chronic neck, back and left shoulder pain. She complains of low back pain that radiates to the right lower extremity (RLE), right hip and foot. She reports that the pain is worsening. She also reports mid back and neck pain with headaches. She states that the medications help to reduce the pain for better function. She reports balance problems, numbness and weakness with anxiety and depression. The objective findings reveal that there is tenderness to palpation of the lumbar spine, lumbar range of motion is decreased by 60 percent with flexion, 40 percent with extension, 40 percent with rotation to the left and 20 percent with rotation to the right. The straight leg raise was positive at the left lower extremity (LLE) at about 50 degrees. The exam of the left shoulder reveals tenderness to palpation; the range of motion is decreased by 20 percent with flexion and abduction and decreased by 30 percent with extension and internal rotation. The current medications included Relafen, Protonix, Topamax, Norflex, Venlafaxine, Morphine Sulfate, and Buprenorphine. The urine drug screen dated 12/17/13 was consistent with medications prescribed. The physician requested treatments included Morphine Sulphate ER 16 mg tab and Pantoprazole 20mg 1-2 daily stomach #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulphate ER 16 mg 1 tab 2x day x3 days #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Morphine Sulphate ER 16 mg 1 tab 2X day X3 days #9 is not medically necessary or appropriate.

Pantoprazole 20mg 1-2 daily stomach #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated

increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Pantoprazole 20mg 1-2 daily stomach #60 is not medically necessary or appropriate.