MAXIMUS Federal Services

Case Number:	CM13-0004163		
Date Assigned:	12/11/2013	Date of Injury:	07/16/2012
Decision Date:	05/14/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/29/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [redacted] employee who has filed a claim for chronic pain syndrome, chronic low back pain, a ventral hernia, and chronic knee pain reportedly associated with an industrial injury of July 16, 2012. Thus far, the applicant has been treated with the following: analgesic medications; muscle relaxants; topical agents, unspecified amounts of physical therapy; and earlier hernia repair surgery. . On June 6, 2013, the applicant was given a 20-pound lifting limitation. It was stated that the applicant had not returned to work as modified duty was unavailable. Naprosyn, Terocin, Prilosec, Fexmid, and Ultram were endorsed. A survey of the file reveals that the applicant had received refills of each of these medications on an earlier visit of May 9, 2013 and the same 20-pound lifting limitation was again endorsed. The note was highly templated and did not appear to vary from subsequent reports. In a progress note of June 27, 2013, the applicant was described as reporting ongoing shoulder and knee pain. The applicant was given a shoulder corticosteroid injection on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX-DS 550 MG #90 , DISPENSED 7/2/2013.: 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 NAPROSYN AND ANTI-INFLAMMATORY MEDICATION Page(s): 73,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, in this case, however, the applicant has seemingly used this agent chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant has failed to return to work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. The applicant has failed to achieve any reduction in dependence on medical treatment as a result of ongoing Naprosyn usage. It is further noted that the attending provider's thrice daily dosage of Naprosyn is, per page 73 of the MTUS Chronic Pain Medical Treatment Guidelines non-standard as the MTUS notes that an elevated dosage of up to 1500 mg a day should be used only for limited periods of time. Accordingly, the request is not certified on the grounds that the applicant has failed to effect functional improvement with prior medication usage and on the grounds that the attending provider's dosage is nonstandard and in excess of MTUS parameters.

TEROCIN 120ML X2 (240ML TOTAL), DISPENSED 7/2/2013.: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, as with the other medications, the applicant has used Terocin chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work. The applicant remains highly reliant and dependent on various forms of medical treatment, implying that ongoing usage of Terocin has been unsuccessful. Therefore, the request is not certified both owing to a lack of functional improvement as defined in MTUS Guidelines, despite prior usage of Terocin and also owing to the unfavorable MTUS recommendation on topical analgesics.

PRILOSEC 20MG #60 DISPENSED 7/2/2013.: 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, AND CARDIOVASCULAR RISKS Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical treatment Guidelines does state that proton pump inhibitors such as Prilosec can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish

any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, for which ongoing usage of Prilosec would be indicated. Therefore, the request is likewise retrospectively not certified, on Independent Medical Review.

FEXMID 7.5MG #60 DISPENSED 7/2/2013.: 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 CYCLOBENZAPRINE (FLEXERIL) Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was and is in fact using numerous other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix was not indicated. Therefore, the request is likewise retrospectively not certified.

ULTRAM 150MG #60 DISPENSED 7/2/2013: 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 WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Ultram is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the bulk of these criteria do not appear to have been met. While the attending provider did, on a few occasions, report that the applicant was deriving pain relief through ongoing medication usage, the attending provider did not expound upon or elaborate on the extent of the analgesia afforded here. The applicant is off of work. The applicant has failed to return to work. The attending provider has not made any mention of improved function or improved performance of activities of daily living achieved as a result of ongoing Ultram usage. On balance, then, since two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical treatment Guidelines for continuation of opioid therapy have not been met, the request is likewise retrospectively not certified, on Independent Medical Review.