

Case Number:	CM13-0011381		
Date Assigned:	03/03/2014	Date of Injury:	10/09/2009
Decision Date:	05/20/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/15/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back, neck, elbow, and wrist pain reportedly associated with an industrial injury of October 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, opioid agents; transfer of care to and from various providers in various specialties; elbow corticosteroid injection therapy; electrodiagnostic testing of August 22, 2012, notable for evidence of bilateral carpal tunnel syndrome and a left ulnar neuropathy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of July 12, 2013, the claims administrator denied request for Omeprazole, Cyclobenzaprine, Tramadol, and Naprosyn. The applicant's attorney subsequently appealed. A clinical progress note of May 9, 2013 was notable for comments that the applicant's elbow, neck, shoulder pain, and migraine headaches were essentially unchanged and unimproved. The applicant reportedly complained of an upset stomach with usage of Naprosyn. It was stated that usage of Naprosyn afforded the applicant with temporary pain relief. The attending provider stated that usage of Naprosyn afforded the applicant the ability to perform activities of daily living but did not detail or expounded upon which activities of daily living were specifically ameliorated. The applicant underwent an elbow corticosteroid injection in the clinic. A variety of medications, including Naprosyn, Omeprazole, Cyclobenzaprine, Tramadol, and topical Medrox patches were refilled. The applicant was described as already permanent and stationary. The applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, And Cardiovascular Risks Topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is described as reporting issues with an upset stomach as a result of ongoing Naprosyn usage. Ongoing usage of a proton pump inhibitor, Omeprazole, to combat the same is indicated and appropriate. Therefore, the request is medically necessary, on Independent Medical Review.

CYCLOBENZAPRINE HCL 7.5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic 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 is in fact using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine to the mix is not indicated. Therefore, the request is not medically necessary.

TRAMADOL HCL EXTENDED RELEASE 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: Tramadol is synthetic opioid. In this case, however, the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has failed to describe or report any improvement in function as a result of ongoing Tramadol usage. Therefore, the request is not medically necessary.

NAPROXEN SODIUM 550 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks topic Page(s): 73.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the options to combat NSAID-induced dyspepsia is discontinuation of the offending NSAID. In this case, the applicant is described as having ongoing issues with dyspepsia, Naprosyn-induced. Discontinuing the offending NSAID, Naprosyn, would appear to be indicated. It is further noted that the attending provider has not expounded upon which activities of daily living have been ameliorated as a result of Naprosyn usage. There is no evidence of functional improvement as defined in MTUS 9792.20f despite ongoing Naprosyn usage. The applicant is permanent and stationary with permanent work restrictions which remained in place, unchanged, from visit to visit. For all of the stated reasons, then the request for Naprosyn is not medically necessary.