

Case Number:	CM13-0017405		
Date Assigned:	01/15/2014	Date of Injury:	04/02/2013
Decision Date:	05/20/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 ankle, chest wall, spine, and rib pain reportedly associated with an industrial motor vehicle accident of April 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; x-rays of ribs notable for fracture of the Final same; and electrodiagnostic testing of the lower extremities of October 5, 2013, negative for any radiculopathy or neuropathy. In a utilization review report of August 13, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, denied a request for Naprosyn, denied a request for Omeprazole, denied a request for Neurontin, denied a request for Flexeril, approved an orthopedic consultation for the ankle, and denied a urine drug screen. The applicant's attorney subsequently appealed. In a clinical progress note of December 24, 2013, the applicant's new primary treating provider (PTP) noted that the applicant had ongoing issues with rib pain, forehead pain, and ankle pain. The applicant was off of work. Electrodiagnostic testing of the bilateral lower extremities was apparently endorsed on the initial visit. The applicant had been given a permanent impairment rating through an agreed-medical evaluator. The attending provider acknowledged that the applicant has been using Naprosyn, Omeprazole, and Neurontin on a long-term basis since the date of initial presentation. The attending provider notes that the applicant's quality of sleep is poor. The applicant's ability to walk is poor. He is having difficulty maintaining appropriate pace with his ankle. His ability to communicate has diminished. Diminished right lower extremity strength is noted with surgical scar appreciated about the medial malleolus. Additional physical therapy, Naprosyn, Omeprazole, Neurontin, and Flexeril are endorsed. The applicant is not working, it is reiterated. Drug testing of December 10, 2013, was noted and did seemingly test for multiple opioid metabolites. The applicant also seemingly

underwent drug testing on November 12, 2013 as well, it was noted. Again, non-standard testing, which involves multiple opioids and non-opioid metabolites was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications topic. Page(s): 22.

Decision rationale: The Expert Reviewer's decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the 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 used Naprosyn chronically and has failed to derive any lasting benefit for functional improvement despite ongoing usage of the same. The applicant is off of work. The applicant remains highly reliant on multiple analgesic and adjuvant medications. All of the above, taken together imply a lack of functional improvement with ongoing Naprosyn usage. Therefore, the request for Naprosyn 550mg is not medically necessary.

OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: The Expert Reviewer's decision rationale: The attending provider has seemingly posited that he is employing Omeprazole for prophylactically purposes here. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of proton pump inhibitors or for gastric protection purposes. Specifically, the applicant is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, does not have a history of GI bleeding, and is less than 65 years of age (the applicant is 50 years old). Accordingly, the criteria for prophylactic usage of Omeprazole, a proton pump inhibitor, have not seemingly been met. Therefore, the request for Omeprazole 20mg is not medically necessary.

NEURONTIN 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section, Page(s): 19.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 90 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document improvements in pain levels and improvements in function as a result of ongoing gabapentin or Neurontin usage. In this case, however, as with the other drugs, the attending provider has not made a compelling case for continuation of gabapentin or Neurontin. The applicant's pain complaints, specifically the applicant's ability to perform activities of daily living are seemingly diminished. The applicant is having difficulty performing even basic activities of daily living, it appears. Therefore, the request for Neurontin (gabapentin) is not medically necessary.

FLEXERIL 12.5MG: 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: The Expert Reviewer's 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 using numerous other analgesic and adjuvant medications, including Neurontin, Omeprazole, Naprosyn, etc. Adding Cyclobenzaprine or Flexeril to mix is not recommended. Therefore, the request Flexeril 12.5mg is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The Expert Reviewer's decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent upon provider to clearly furnish an applicant's complete medication list along with the request for drug testing. An attending provider should also attempt to stratify applicants into

high risk, medium risk, and/or low risk categories for which more or less frequent drug testing are indicated. In this case, however, the attending provider made no effort to stratify or categorize the applicant into intermediate risk or low risk categories. The attending provider was, furthermore, seemingly performing drug testing on each and every office visit. This is not indicated or has associated rationale. It is further noted that the attending provider perform non-standard drug testing, which do not conform to the best practices or standards of the United States Department of Transportation (DOT), which ODG recommends adhering to. Since several ODG criteria for pursuit of drug testing had not seemingly been met, the request is not medically necessary.