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| Case Number: | CM13-0026709 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 08/14/2009 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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 neck pain, chronic shoulder pain, and psychological stress reportedly associated with an industrial injury of August 14, 2009. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, attorney representations, transfer of care to and from various providers in various specialties, cervical MRI imaging of August 29, 2013, notable for multilevel disk degeneration and disk protrusion of uncertain clinical significance and muscle relaxants. In a Utilization Review Report dated September 13, 2013, the claims administrator failed to approve a request for Cyclobenzaprine, Pantoprazole, Hydrocodone, and Ibuprofen. The applicant's attorney subsequently appealed. In a medical-legal evaluation of January 30, 2013, the applicant was described as having persistent multifocal pain complaints about the right upper extremity, right shoulder, right hand, and bilateral feet. The applicant was depressed, anxious, stressed, socially withdrawn, and having nightmares. The applicant's husband had apparently committed suicide recently, it was acknowledged. The applicant had no income, it was noted, was reliant on her family, and had developed significant debt, it was stated. The applicant was on Motrin, Vicodin, and Allegra, it was noted. The medical-legal evaluator opined that the applicant's mental health issues were preponderant owing to the results of her job. An August 16, 2013 progress note is notable for comments that the applicant had 6/10 pain with medications and had complaints of numbness about the thumb through fourth digits, it was acknowledged. The attending provider then stated that the applicant was using medications with benefit and improved function. The applicant was only using Norco once or twice a week when her pain was severe, it was stated. The applicant's medication list included Motrin, Protonix, Norco, Tizanidine, and Zyrtec, it was stated. The applicant apparently declined to try adjuvant medications such as Gabapentin. Cyclobenzaprine, Norco, Protonix, and Motrin were endorsed.

There was no mention of issues with reflux, heartburn, and/or dyspepsia on the progress note. On September 20, 2013, the applicant was described as using Motrin 800 mg thrice daily regularly and was using Norco two to three times a month for severe pain, it was stated. 7/10 pain was noted. The applicant, on this occasion, denied being depressed. Medications were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for Cyclobenzaprine, a muscle relaxant, is not medically necessary, medically appropriate, or indicated here. 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 a variety of other analgesic medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Pantoprazole #60: Upheld

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 Risk Page(s): 69.

Decision rationale: The request for Pantoprazole, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors to combat NSAID-induced dyspepsia. In this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia present on any recent progress note, referenced above, either NSAID-induced or stand-alone. Therefore, the request for Pantoprazole is not medically necessary.

Hydrocodone #30: Overturned

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

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

Decision rationale: The request for Hydrocodone, a short-acting opioid, is medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Hydrocodone-acetaminophen, a short-acting opioid, is indicated for moderate to moderately severe pain. In this case, the attending provider has posited that the applicant is using Hydrocodone-acetaminophen very sparingly for pain on an as-needed basis, typically in the order of two to three times monthly, if and when the applicant has episodes of severe pain. This is an appropriate use for Hydrocodone, per page 91 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Ibuprofen #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 7 & 22.

Decision rationale: The request for Ibuprofen #90, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent a traditional first-line of treatment for various chronic pain conditions, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that long-term usage of anti-inflammatory medications may not be warranted. This recommendation is further qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant continues to report persistent pain in the 7/10 or greater range, despite ongoing usage of ibuprofen. The attending provider has not clearly outlined or quantified reduction in pain levels or pain scores with ongoing Ibuprofen usage. The attending provider has not outlined how ibuprofen has benefitted the applicant in terms of performance of activities of daily living. The fact that the applicant has permanent work restrictions which remain in place, unchanged, from visit to visit, despite ongoing Ibuprofen usage implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.