

Case Number:	CM13-0034574		
Date Assigned:	12/11/2013	Date of Injury:	10/01/2002
Decision Date:	01/31/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 pain syndrome, bilateral knee pain, neck pain, shoulder pain, ankle pain, headaches, myofascial pain, insomnia, and depression reportedly associated with an industrial injury of October 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties, prior ankle surgeries; topical agents; long and short-acting opioids; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 12, 2013, the claims administrator certified a urine drug testing, certified Celexa, and partially certified Vicodin for weaning purposes, denied a request for Skelaxin, non-certified a request for ketamine, non-certified a request for Protonix, certified a request for Desyrel, and certified a psychiatry consultation. The applicant's attorney subsequently appealed. A clinical progress note of September 10, 2013 is notable for comments that the applicant reports persistent shoulder, knee, ankle, and upper midback pain. She reports that her pain scores are 8-9/10 without medications and 7-8/10 with medications. She is quite obese with a BMI of 35. She is apparently having side effects with trazodone. She is given refills of Vicodin, Skelaxin, medical foods, topical ketamine ointment, and Protonix. It is stated that the applicant has failed Prilosec and Prevacid. However, there is no specific mention of reflux, heartburn, GERD, or dyspepsia listed amongst any of the diagnoses or on the review of systems section. This progress note is largely synonymous with a prior progress note of August 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg #60: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant seemingly meets none of the aforementioned criteria. Reduction in pain scores from 8-9/10 to 7-8/10 with medications appears to be marginal to minimal at best. This is outweighed by the applicant's failure to demonstrate any improvement in terms of performance of non-work activities of daily living and failure to return to any form of work. Continuing opioids such as Vicodin in this context is not indicated. Therefore, the request is not certified.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Skelaxin (metaxalone)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Metaxalone (Skelaxin, generic available) Page(s): 63, 65.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants such as Skelaxin are recommended as a short-term option for treatment of acute exacerbations of chronic pain. They are not recommended on a chronic, long-term, or scheduled basis, as is being proposed here. It is further noted that the applicant's reduction in pain scores and failure to return to any form of work, several years removed from the date of injury, implies a lack of functional improvement as defined in MTUS 9792.20f affected through prior usage of Skelaxin. Continuing the same in the face of the applicant's failure to demonstrate any functional improvement is not indicated. Therefore, the request is not certified.

Protonix 40mg #30: 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 Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID,.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear mention or discussion of dyspepsia, either NSAID-induced or standalone. The attending provider only writes that the applicant has failed previous usage of Prevacid and Prilosec. No diagnosis of GERD, reflux, and/or dyspepsia appears on this progress note or on prior progress notes. There is no mention of the applicant's prior response to Protonix. Continuing Protonix in this context is not indicated. Therefore, the request is not certified.