

Case Number:	CM13-0041887		
Date Assigned:	12/20/2013	Date of Injury:	07/19/2007
Decision Date:	05/02/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 neck pain, headaches, low back pain, shoulder pain, knee pain, ankle pain, and psychological distress reportedly associated with an industrial injury of July 19, 2007. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report of October 4, 2013, the claims administrator partially certified request for baclofen and hydrocodone for weaning purposes, denied request for vitamin B6, and denied a request for omeprazole. The applicant's attorney subsequently appealed. An earlier Qualified Medical Evaluation (QME) of September 13, 2010 is notable for comments that the applicant reports multifocal complaints including acid reflux, bloating, inability to eat certain foods, difficulty sleeping, knee pain, low back pain, shoulder pain, headaches, etc. A subsequent note of June 13, 2013 is notable for comments that the applicant remains off of work, on total temporary disability, and is having ongoing issues with headaches and sleep disturbance. It is stated that gastrointestinal complaints are amongst the diagnoses stated, along with unspecified psychiatric complaints. The applicant is on a variety of agents, including baclofen and Zocor. On July 25, 2013, the applicant again reported headaches, sleep disturbance, neck pain, low back pain, shoulder pain, posttraumatic headaches, ankle pain, dental diagnosis, unspecified gastrointestinal complaints, and unspecified psychiatric complaints. It is noted that portions of the applicant's claim are contested by the claims administrator, that the applicant is off of work, and that the applicant is Spanish speaking. On September 6, 2013, the applicant's primary treating provider again renewed prescriptions for baclofen, meclizine, hydrocodone, vitamin B6, and omeprazole. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BACLOFEN SECTION Page(s): 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended orally for the treatment of spasticity and/or multiple spasms associated with multiple sclerosis and/or spinal cord injuries. In this case, however, there is no mention of issues related to muscle spasm associated with spinal cord injury and/or multiple sclerosis for which ongoing usage of baclofen would be indicated. It is on multiple progress notes throughout 2012 and 2013, which the applicant has used baclofen chronically, for some time, and has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened and magnified at each visit. The applicant remains highly reliant on various medications and other medical treatments. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of baclofen. Accordingly, the request is not certified, on Independent Medical Review.

HYDROCODONE 5/500 #60: Upheld

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): 80.

Decision rationale: 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 usage. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant reports heightened pain complaints and difficulty performing activities of daily living on numerous office visits, referenced above, implying that ongoing usage of Hydrocodone has been unsuccessful in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified, on Independent Medical Review.

VITAMIN B-6 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, CARPAL TUNNEL SYNDROME (ACUTE & CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 264, vitamin B6 is often used in carpal tunnel syndrome when it is perceived to be deficient, but this practice is not consistently supported by the medical evidence. In this case, the applicant does seemingly carry a diagnosis of bilateral carpal tunnel syndrome for which there is, at best, tepid support in ACOEM Chapter 11. As with the other drugs, however, the attending provider has not clearly stated that ongoing usage of vitamin B6 has ameliorated the applicant's issues of carpal tunnel syndrome. There is no clear evidence that the applicant has a vitamin B6 deficiency which is causing and/or contributing to the applicant's issues of carpal tunnel syndrome, it is further noted. The applicant's persistent pain complaints and failure to return to work further imply that ongoing usage of vitamin B6 has been unsuccessful, even where it deficient at an earlier point in time. Therefore, the request is not certified, for all of the stated reasons.

OMEPRAZOLE 20MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) 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 recommended in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described as having ongoing gastrointestinal complaints as of a Medical-Legal Evaluation in 2010. While these issues with reflux, heartburn, dyspepsia, etc. have not been more recently described, characterized, or expounded upon, the primary treating provider (PTP) has nevertheless listed "gastrointestinal complaints" as an operating diagnosis on numerous office visits, referenced above, including as late as September 6, 2013, implying that the applicant does in fact have ongoing issues with reflux and/or dyspepsia for which continued usage of omeprazole is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.