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| Case Number: | CM13-0053876 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/26/2011 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 neck pain reportedly associated with industrial injury of September 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; anxiolytic agents; and work restrictions. In a Utilization Review Report of October 3, 2013, the claims administrator partially certified Naprosyn, denied a request for Flexeril, denied a request for Zofran, partially certified omeprazole, denied a request for quazepam, and partially certified tramadol, reportedly for weaning purposes. The applicant's attorney subsequently appealed. A clinical progress note of November 7, 2013 is notable for comments that the applicant reports persistent low back pain and persistent neck pain. The applicant would apparently like to pursue a discogram. The applicant is given Toradol injection in the clinic setting. It is stated that the applicant was performing modified duty until being terminated by his employer in an agreed medical evaluation of August 6, 2013. The attending provider writes that the applicant is considering surgery. It is then stated, somewhat incongruously, that the applicant is currently working light duty and may continue to do so. Numerous medications are refilled. On August 29, 2013, the applicant was described as having unchanged neck and low back pain. The applicant was again given a Toradol injection. The applicant has failed two epidural blocks, it is stated. In a medical legal evaluation of December 10, 2013, the applicant is described as working as a dishwasher at a new restaurant. In an earlier medical legal evaluation of August 6, 2013, the applicant states that he last worked in October 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg#120 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 using numerous other analgesics and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request is not certified.

Naproxen Sodium 550mg#100 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of anti-inflammatory medications such as Naprosyn as the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, there is no evidence that the applicant has achieved any lasting benefit or functional improvement through prior usage of the same. The applicant remains highly reliant on various medications, treatments, injections, consultations, office visits, etc. The applicant does not appear to have returned to work. The applicant's work status is incongruously documented on multiple visits, referenced above. All of the above, taken together, imply a lack of functional improvement despite prior usage of Naprosyn as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not certified, on independent medical review.

Ondasetron ODT 8mg#30X2 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Drug Safety Information on Ondansetron

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron or Zofran is recommended in the treatment or prevention of nausea or vomiting associated with cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant has had any recent surgery, received chemotherapy, and/or surgery. Ondansetron or Zofran is not indicated here. It is further noted that the attending provider does not furnish any rationale, narrative, or commentary along with the request for the medications so as to try and offset the unfavorable FDA recommendation. The attending provider did not specifically allude to the applicant's medication consumption or medication list on the office visit in question. For all of the stated reasons, then, the request is not certified.

Omeperazole Delayed Release Capsules 20mg#120 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes provided do not establish the presence of any active signs or symptoms of dyspepsia, either NSAID-induced or stand-alone. The request for authorization was initiated through a prescription for using preprinted checkboxes, with little or no narrative commentary. Therefore, the request is likewise not certified, on Independent Medical Review.

Quazepam 15mg#30 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as quazepam are not recommended for chronic or long-term use purposes, for anxiety, pain, muscle spasm, or anticonvulsant purposes. A more appropriate choice for long-term use purposes is an antidepressant, the MTUS further notes. In this case, as with the other drugs, the attending provider did not furnish any rationale, narrative, or commentary along with the request for authorization for testing so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is likewise not certified, on Independent Medical Review.

Tramadol Hydrochloride ER 150mg#90 (DOS 8/29/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 are evidences of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant has returned to work. The applicant's work status is documented incongruously and unclearly on several office visits referenced above. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living effected as a result of ongoing opioid therapy, either. Accordingly, the request is likewise not certified, on Independent Medical Review.