

Case Number:	CM13-0059715		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2009
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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 reportedly associated with an industrial injury of February 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; transfer of care to and from various providers in various specialties; trigger point injection therapy; and a TENS unit. In a Utilization Review Report of November 27, 2013, the claims administrator partially certified a request for Norco, seemingly for weaning purposes, denied a request for Naprosyn, denied a request for Protonix, and denied a request for Flexeril. The applicant's attorney subsequently appealed. In a medical-legal evaluation of September 20, 2009, the applicant was given a 22% whole person impairment rating. It did not appear that the applicant was working. The applicant was asked to obtain a functional capacity evaluation at that point. A December 27, 2013 progress note was notable for comments that the applicant reported 4/10 pain with use of Norco and 8/10 pain without Norco. The applicant was apparently managing full-time work at this point, although it was stated that she had taken time off of work previously. The applicant is able to do activities of self-care without assistance, it was stated, although her daughter reportedly helped her at home with chores. The applicant also reported depression, which she attributed to the injury. Norco, Protonix, Flexeril, and Naprosyn were endorsed. It was stated that Protonix was being employed to treat stomach upset from taking medications. It was reiterated that the applicant's pain levels dropped from 8/10 to 4/10 with usage of Norco. An earlier note of November 14, 2013 was notable for comments that the applicant was working with permanent restrictions in place. It was stated that the applicant was receiving Social Security Disability benefit and permanent disability benefits but apparently commenced working on a trial basis as an assistant clerk.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use, Opioids.

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

Decision rationale: Norco is an opioid. 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 reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant has reportedly returned to work after a long hiatus from the workplace. Her attending provider has posited that she has achieved and/or maintained return-to-work status as a result of ongoing Norco usage and that her ability to perform chores has likewise been ameliorated as a result of ongoing Norco usage. Her pain levels have dropped from 8/10 to 4/10 with Norco. On balance, then, continuing Norco is indicated and appropriate. Therefore, the request for Norco #45 is medically necessary.

NAPROXEN 550 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: In this case, the attending provider has posited that the applicant is having ongoing issues with NSAID-induced dyspepsia. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an appropriate response to such complaints is to discontinue the offending NSAID. Therefore, the request for Naproxen is not medically necessary.

PROTONIX 20 MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: As noted by the attending provider, the applicant is in fact suffering from NSAID-induced dyspepsia. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of proton pump inhibitors such as Protonix is an appropriate response to

combat NSAID-induced dyspepsia. Therefore, the request for Protonix 20mg is medically necessary and is approved.

FLEXERIL 7.5 MG, #60: 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: 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, in fact, using numerous other analgesic and adjuvant medications. Adding Flexeril to the mix is not recommended. Therefore, the request for Flexeril 7.5mg is not medically necessary.