

Case Number:	CM14-0003875		
Date Assigned:	08/08/2014	Date of Injury:	12/20/2010
Decision Date:	09/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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 low back pain, posttraumatic headaches, mid back pain, hip pain, and sleep disturbance reportedly associated with an industrial injury of December 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier hip replacement surgery; and extensive periods of time off of work. In a Utilization Review Report dated December 13, 2013, the claims administrator approved a request for Neurontin, denied a request for Protonix, and partially certified request for methadone, Klonopin, and Flexeril. The applicant's attorney subsequently appealed. In a January 3, 2014 progress note, the applicant reported 7/10 low back pain. The applicant stated that his pain would be too intense without methadone. The claimant was still reporting pain in the 7/10 range, exacerbated by standing, walking, and sitting greater than 30 minutes. The applicant was using a cane, was not working, and was receiving disability payments. The applicant was depressed, it was acknowledged. Laboratory testing, urinalysis, LidoPro cream, topical Terocin, methadone, Klonopin, Flexeril, Neurontin, and Protonix were endorsed. The attending provider stated that the applicant did have active issues with dyspepsia, reportedly associated with medication consumption. In an earlier note dated December 3, 2013, the applicant reported 10/10 pain without medications and 7/10 pain with medications. The applicant was using a cane to move about and acknowledged that he did only minimal chores. The applicant was depressed. The applicant apparently had difficulty performing standing and walking tasks. A variety of medications and laboratory tests were sought. It was seemingly suggested that Klonopin was being employed for sleep purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, QTY: 300.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 the same. In this case, however, the applicant is off of work. The applicant is receiving indemnity benefits both through the Workers' compensation and disability systems, it has been suggested. The applicant's pain levels are consistently described as 7/10 or greater, despite ongoing usage of methadone. The applicant was having difficulty performing even basic activities of daily living such as standing and walking. All of the above, taken together, imply that ongoing usage of methadone has not been altogether successful. Therefore, the request is not medically necessary.

Klonopin 1mg, QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402 do support usage of anxiolytics such as Klonopin for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoup emotional or physical resources, in this case, however, the attending provider has posited that he is employing Klonopin for long-term use purposes, for anxiety. This is not an approved indication for the same, per ACOEM. Therefore, the request is not medically necessary.

Flexeril 7.5mg, (dispensed) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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 a variety of other agents, both oral and topical. Adding

cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request is not medically necessary.

Protonix ,(dispensed) QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is reporting dyspepsia, reportedly attributed to usage of other medications. By implication, ongoing usage of Protonix to combat the same was and is indicated. Therefore, the request was medically necessary.

Methadone 10mg (for next visit) QTY: 300.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed disabled, it has been suggested by the attending provider. The applicant's pain levels are consistently described as 7/10 or greater, despite ongoing usage of methadone. The attending provider has not recounted any tangible improvements in function achieved as a result of ongoing methadone usage. The applicant is having difficulty performing even basic activities of daily living, such as standing, walking, and sitting, it has been suggested, despite ongoing usage of methadone. Therefore, the request is not medically necessary.

Flexeril 7.5mg (for next visit) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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 using a variety of oral and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Protonix 20mg (for next visit): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, the applicant is reporting dyspepsia associated with other medications. By implication, usage of Protonix to combat the same is indicated. Therefore, the request is medically necessary.