

Case Number:	CM14-0130121		
Date Assigned:	09/22/2014	Date of Injury:	07/20/2002
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of July 20, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 4, 2014, the claims administrator retrospectively denied requests for Tramadol, Norco, Naprosyn, Protonix, and Flexeril. The applicant's attorney subsequently appealed. In an August 25, 2014 progress note, the applicant reported 5-7/10 neck and mid back pain. The attending provider stated that the applicant was working and suggested that the medications in question were generating appropriate analgesia. Limited thoracic and cervical range of motion was noted. The applicant was given refills of Norco, Tramadol, Naprosyn, Protonix, and Flexeril. Urine toxicology testing was endorsed. The applicant was seemingly working with permanent limitations in place. On July 14, 2014, it was again stated that ongoing usage of medication was ameliorating the applicant's ability to perform home exercises, perform household chores, perform grocery shopping, and care for himself. The attending provider stated that ongoing usage of medications was diminishing the applicant's pain scores by 3 points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol ER 150mg #60: Overturned

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 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and/or maintained successful return to work status, the attending provider has posited, reportedly imputed to ongoing medication usage, including ongoing Tramadol usage. The applicant's ability to perform household chores such as grocery shopping, household chores, caring for himself, etc., have all reportedly been ameliorated as a result of ongoing Tramadol usage. Tramadol is generating appropriate reductions in pain scores, the attending provider has further stated. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

Hydrocodone 10/325mg #60: Overturned

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 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly achieved and/or maintained successful return to work status, the attending provider has posited. The applicant is reporting appropriate analgesia with ongoing Hydrocodone usage. The applicant's ability to perform activities of daily living, including home exercises, has reportedly been ameliorated as a result of ongoing opioid therapy, including ongoing Hydrocodone-acetaminophen usage. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

Naproxen Sodium 550mg #90: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly

present here. As with several of the other medications, the applicant has demonstrated treatment success with ongoing Naprosyn usage as evinced by the applicant's successful return to and maintenance of regular duty work status. Continuing the same, on balance, was therefore indicated. Therefore, the request is medically necessary.

Pantoprazole 20mg #90: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic. 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 Protonix to combat issues with NSAID-induced dyspepsia, in this case, however, there were no clearly stated or clearly evident symptoms of reflux, heartburn, and/or dyspepsia present on either of the progress notes cited above. Therefore, the request for Pantoprazole (Protonix) is not medically necessary.

Cyclobenzaprine 7.5mg #90: 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 Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other agents, both opioid and nonopioid. Adding Cyclobenzaprine or Flexeril to the mix was not indicated. Therefore, the request is not medically necessary.