

Case Number:	CM14-0157034		
Date Assigned:	09/30/2014	Date of Injury:	02/16/2012
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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, low back, and shoulder pain reportedly associated with an industrial injury of February 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 24, 2014, the claims administrator failed to approve request for Norco, Naproxen, Protonix, and Flexeril apparently dispensed on September 8, 2014. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the applicant reported multifocal complaints of low back, shoulder, and neck pain, 5-6/10. The attending provider stated that the applicant had previously experienced symptoms of dyspepsia with NSAIDs and was therefore using Protonix for the same. The note was highly templated and comprised, in large part, of cited guidelines. The applicant was asked to continue physical therapy. Lumbar MRI imaging, a TENS, lumbar support, Norco, Protonix, Naproxen, and Flexeril were renewed. The attending provider stated that the applicant was able to perform very light household duties including grooming and bathing, with medications. The applicant was placed off of work, on total temporary disability, for an additional four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

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. Here, however, the applicant is off of work, on total temporary disability. While the attending provider has reported some reduction in pain scores with medication consumption, these are outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Hydrocodone-Acetaminophen usage. The applicant's commentary to the effect that she is able to perform household chores such as grooming and bathing does not constitute substantive improvement with ongoing opioid therapy and does not make a compelling case for continuation of the same and are outweighed by the applicant's failure to return to any form of work. Therefore, the request was not medically necessary.

Naproxen 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug Page(s): 66.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has reported symptoms of dyspepsia reportedly generated by ongoing NSAID usage. Cessation of the offending NSAID, Naproxen, would appear to represent a more appropriate option than continuing the same, particularly in light of the applicant's seemingly failure to affect any lasting benefit or functional improvement through ongoing usage of Naproxen. The applicant remains off of work, on total temporary disability. Ongoing usage of Naproxen has failed to curtail the applicant's dependence on opioid agent such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Naproxen usage. The applicant's lack of functional improvement with ongoing Naproxen usage, coupled with his continued symptoms of reflux generated as a result of the same, suggests that ceasing Naproxen may be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Pantoprazole 20 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Pantoprazole are indicated to combat NSAID-induced dyspepsia, as was present here on or around date in question. The attending provider, furthermore, did posit that ongoing usage of Protonix had effectively alleviated the applicant issues with reflux. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request was not medically necessary.