

Case Number:	CM14-0159673		
Date Assigned:	10/03/2014	Date of Injury:	09/20/2008
Decision Date:	12/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 reportedly associated with an industrial injury of September 28, 2008. 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; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; interventional spine procedure involving the lumbar spine; earlier ankle surgery; and extensive periods of time. In a Utilization Review Report dated September 22, 2014, the claims administrator modified/partially approved a request for Norco, Prilosec, Cymbalta, Naprosyn, and Topamax. In an August 11, 2014 progress note, the applicant reported ongoing complaints of low back, hip and leg pain, 7 to 9/10, with associated lower extremity paresthesia. The applicant was using Topamax, Prilosec, Norco, Zanaflex, Naprosyn, hydrochlorothiazide, and Cymbalta, it was acknowledged. The applicant was severely obese, with a BMI of 42. The applicant was placed off of work, on total temporary disability while multiple medications were renewed. Additional chiropractic manipulative therapy was endorsed. In an earlier progress note dated July 7, 2014, the applicant again reported ongoing complaints of low back, hip, arm, and leg pain, 7 to 8/10, burning, throbbing, and shooting. Activities such as motion reportedly worsened the applicant's condition. The applicant was using Cymbalta, hydrochlorothiazide, Naprosyn, Norco, Prilosec, contraceptives, Topamax, Zanaflex, it was acknowledged. The applicant was, once again, placed off of work, on total temporary disability while multiple medications were renewed. On July 7, 2014, the applicant specifically denied any gastrointestinal issues both in the past medical history section of the note and in the review of systems section of the note. Similarly, on August 11, 2014, the applicant again denied any gastrointestinal issues both in the review of the systems section of the note and in the past medical history section of the note. In a June 6, 2014 progress

note, the applicant reported 7 to 8/10 multifocal complaints of low back, leg, and hip pain. The applicant was using Cymbalta, hydrochlorothiazide, Naprosyn, Norco, Prilosec, Sprintec, Topamax, and Zanaflex, it was acknowledged on this occasion. Multiple medications were refilled while the applicant was again placed off of work. Lumbar radiofrequency ablation procedure was sought. The applicant denied any gastrointestinal issues both in the past medical section of the note and in the review of the systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 50mg #60 with 0 Refills: 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 Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment from various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant is off of work, on total temporary disability, despite ongoing Naprosyn usage. Ongoing Naprosyn usage has failed to curtail the applicant dependence on opioid agents such as Norco. The applicant pain complaints are consistently scored at 7 to 8/10 or greater. The attending provider failed to outline any material improvements in activities of daily living achieved as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Topamax 100 MG with 3 Refills: 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 Topiramate section; Functional Restoration Approach to Chronic Pain Management section Page(s):. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax or Topiramate is still considered for use when other anticonvulsants fail, this recommendation, however, is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider

should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of Topamax (Topiramate) has seemingly proven ineffectual. The applicant is off of work, on total temporary disability, despite ongoing usage of the same. Consistent complaints of pain in the 7 to 8/10 or greater were appreciated on several office visits, referenced above, throughout late 2014. Ongoing usage of Topiramate has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Cymbalta 60 MG #30 with 3 Refills: 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 Cymbalta section; Functional Restoration Approach to Chronic Pain Management section Page(s): 15. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the management of anxiety, depression, fibromyalgia, diabetic neuropathy, but can be employed off label for radiculopathy, as is present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. The applicant continues to report complaints of pain in the 7 to 8/10 range or greater, despite ongoing use of Cymbalta. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.

Prilosec 20 MG 330 with 3 Refills: 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 MTUS Chronic Pain Medical Treatment Guidelines; NSAIDs, GI Symptoms, and Cardiovascular Risk topi.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, several progress notes, referenced above, throughout late 2014, were notable for comments that the applicant explicitly denied any gastrointestinal issues, both in the review of the systems section and in the past medical history section of multiple progress notes, referenced above. The applicant does not, thus seemingly have any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone,

which would compel provision of Prilosec, a proton pump inhibitor. Therefore, the request is not medically necessary.

Norco 10/325 #250: 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 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. Here, however, the applicant is off of work, on total temporary disability. Continuing complaints of the pain in the 7 to 8/10 range or greater were noted on several occasions, referenced above, throughout late 2014. The attending provider has failed to elaborate, expound upon, or identify any activities of daily living, which have been specifically ameliorated as a result of ongoing Norco usage. Therefore, the request is not medically necessary.