

Case Number:	CM14-0166289		
Date Assigned:	10/13/2014	Date of Injury:	07/25/1996
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 and shoulder pain reportedly associated with an industrial injury of July 25, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; psychotropic medications; and muscle relaxants. In a Utilization Review Report dated September 20, 2014, the claims administrator retrospectively approved requests for naproxen, Prozac, and Norco while retrospectively modifying request for Prilosec and tramadol. Norflex was denied outright. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported persistent complaints of low back and shoulder pain. The applicant was working full time without limitations. The applicant stated that home exercises and medications were allowing him to remain on the job. The applicant stated that gastric upset/dyspepsia was being appropriately controlled through usage of Prilosec. The applicant was not using naproxen much lately, it was acknowledged. Tramadol was ameliorating the applicant's moderate pain complaints and Norco, the applicant's severe pain complaints if and when they arose. A three-month supply of Naproxen 550 mg #60, Prozac 40 mg #90, Prilosec 20 mg, Norflex 100 mg #180, and tramadol were renewed. The applicant was asked to return to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk 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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. The applicant has apparently developed issues with reflux, heartburn, and dyspepsia, either a function of naproxen usage or stand-alone. Ongoing usage of Prilosec has apparently attenuated the applicant's issues with reflux, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Norflex ER 100mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex can be employed with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 180-tablet supply of Norflex proposed by the attending provider implies chronic, long-term, and scheduled usage of the same. This is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tramadol 50mg QTY: 270.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

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, the applicant has apparently returned to and maintained regular duty work status at the California Department of Corrections. Ongoing usage of tramadol has generated appropriate analgesia, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

