MAXIMUS Federal Services

Case Number:	CM14-0177985		
Date Assigned:	10/31/2014	Date of Injury:	12/03/2009
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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, shoulder, and back pain reportedly associated with an industrial injury of December 3, 2009.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; psychotropic medications; and earlier shoulder surgery.In a Utilization Review Report dated October 15, 2014, the claims administrator approved a request for gabapentin, partially approved a request for Pristiq, partially approved a request for methocarbamol, approved a request for Percocet, denied a request for omeprazole, and denied a request for naproxen. The claims administrator stated that it was basing its decision on an October 10, 2014 RFA form.The applicant's attorney subsequently appealed.In a progress note dated October 30, 2014, the applicant presented with multifocal neck, low back, upper back, and shoulder pain. The applicant was status post epidural steroid injections, it was noted. The applicant was using Neurontin, Lidoderm, Percocet, naproxen, and methocarbamol. The applicant stated that she was not much improved in terms of pain complaints. The applicant was described as having signed a pain contract. It was then stated, somewhat incongruously, that the applicant was intent on pursuing planned interventional spine procedures. It was stated that omeprazole was being employed to combat gastrointestinal (GI) irritation secondary to non-steroidal anti-inflammatory drugs (NSAIDs) and other medications. It was not stated whether the applicant was personally exhibiting issues with GI irritation, however, and/or what the applicant's response to omeprazole had been.In an October 2, 2014 progress note, the attending provider stated that Pristiq was being employed for both mood disturbance purposes and chronic pain purposes. The attending provider stated that he was optimistic that Pristiq would be helpful in ameliorating the applicant's depressive symptoms and pain issues. It was not stated whether this was a first-time request or

renewal request, although it was suggested that this was a first-time request. Gabapentin, naproxen, Percocet, and Robaxin were endorsed. It was stated that the applicant was using omeprazole to reduce GI irritation associated with naproxen. It was stated that the applicant did have GI irritation associated with naproxen usage. It was stated that the applicant was presently using Pristiq in another section of the note. Work restrictions were endorsed, although it did not appear that the applicant was working.In a Medical-legal Evaluation dated August 27, 2014, the applicant did report issues with depression, anxiety, and feelings of being overwhelmed. The applicant had passive suicidal ideation without actual suicidal intent. It was stated that the applicant was not working and was in the process of applying for Social Security Disability Insurance (SSDI) benefits. The applicant's daughter was apparently supporting her financially. The applicant was given a diagnosis of major depressive disorder (MDD) with resultant Global Assessment of Functioning (GAF) of 55. There was no discussion of medication selection or medication efficacy on this date.In a May 16, 2014 pain management note, the applicant was described as having used various and sundry oral medications, physical therapy, NSAIDs, and medical marijuana. The applicant was a recreational drug user, it was noted. The applicant also had issues with headaches. The applicant was given prescriptions for Robaxin, Pristiq, and Percocet on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for prestiq 100mg QTY: 30 with 5 refills: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has seemingly been using Pristiq, an atypical antidepressant, for what appears to be a span of several months. The applicant continues to report issues with depression, anxiety, tearfulness, low energy levels, etc., and has also expressed suicidal ideation, at times. It does not appear, on balance, that Pristiq has proven beneficial in terms of augmenting the applicant's mood or in ameliorating the applicant's function. Therefore, the request is not medically necessary.

1 Prescription for methocarbamol 500mg QTY: 90 with 1 refill: Upheld

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

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 methocarbamol can be employed "with caution" as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain, the 90-tablet, one-refill supply proposed here implies chronic, long-term, and/or scheduled usage of methocarbamol. Such usage, however, runs counter to the short-term usage suggested on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 Prescription for omeprazole 20mg QTY: 60 with 3 refills: Overturned

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

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 omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant is apparently experiencing issues with naproxen-induced dyspepsia, which have, the attending provider has reported, been successfully attenuated following introduction of omeprazole. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

1 Prescription for naproxen 550mg QTY: 120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic; MTUS 9792.20f Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, cessation of naproxen appears to be a more appropriate option than continuing the same, in light of the applicant's ongoing issues with NSAID-induced dyspepsia. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant has been using naproxen for what appears to be a span of several months to several years. Ongoing usage of naproxen, in addition to generating adverse effects such as dyspepsia, has seemingly failed to generate any lasting benefit or functional improvement. The applicant remains off of work. The applicant does not appear to have worked in several years. The applicant remains dependent on opioid agents such as Percocet and non-opioid agents such as gabapentin and methocarbamol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing naproxen usage. This, coupled with the applicant's ongoing symptoms of dyspepsia

associated with the same, suggests that discontinuing naproxen may be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.