

Case Number:	CM14-0179566		
Date Assigned:	11/04/2014	Date of Injury:	11/09/2009
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 represented [REDACTED] insured employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator approved a request for Remeron, approved a request for Butrans, denied cyclobenzaprine, denied gabapentin, denied naproxen, and denied omeprazole. Overall rationale was sparse. The claims administrator stated that the applicant did not have neuropathic pain for which gabapentin could be indicated in one section of its UR report. Somewhat incongruously, the claims administrator then stated the applicant carried a diagnosis of spinal stenosis with "neurogenic claudication" in another section of its note and also stated that the one of the applicant's other diagnosis was "lumbosacral neuritis." The claim administrator denied naproxen by suggesting that long-term usage of the same was not reasonable. There was no mention of whether or not naproxen had proven beneficial here or not. In February 27, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was asked to "remain off of work" owing to ongoing complaints of pain and suffering. The applicant was given diagnosis of chronic pain syndrome, depression, gastroesophageal reflux disease, insomnia, myofascial pain, opioid tolerance, and osteoarthritis. The applicant was status post earlier cervical fusion surgery and shoulder surgery, it was stated. The applicant was reportedly angry and frustrated. The applicant was reporting ancillary complaints of tinnitus and depression. The attending provider stated that the applicant was in a state of opioid withdrawal. The applicant was asked to employ buprenorphine for the same. It was stated that the applicant might benefit from further treatment via a functional restoration program. It was stated that the applicant also wanted to consult a spine surgeon.

Multiple medications were refilled, including Butrans, clonidine, Neurontin, Robaxin, Relafen, and Prevacid. The applicant was also given a Toradol injection in the clinic setting. In September 30, 2014 progress note; the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was again asked to remain off of work. Ancillary complaints of neck and left shoulder pain were also noted. The applicant suggested that his current medications were allowing him to function but did not elaborate as to what functions had specifically been ameliorated. The attending provider then stated that the applicant was having difficulty performing activities of daily living, especially lifting articles of any weight. The applicant's medication list included Butrans, Omeprazole, Flexeril, Neurontin, Naproxen, and Remeron. Prescriptions for Robaxin, Relafen, Prilosec, Flexeril, Neurontin, Naproxen, Remeron, and Butrans were apparently issued at the conclusion of the office visit. On August 29, 2014, it was acknowledged that the applicant was off of work, on total temporary disability, and was represented. The applicant was again asked to remain off work on this date, for an additional 45 days. The attending provider suggested that the applicant pursue surgery for his reportedly "intractable" low back pain. The applicant was also having difficulty sleeping. It was stated that the applicant was using Robaxin, Relafen, Butrans, Neurontin, and Omeprazole at the beginning of the visit. At the end of the visit, the applicant was given prescriptions for Flexeril, Neurontin, naproxen, Remeron, Prilosec, and Butrans. The applicant's stated diagnoses included chronic pain syndrome, depression, gastroesophageal reflux disease, insomnia, myofascial pain, opioid tolerance, and osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 with two refills: Upheld

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

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 to other agents is "not recommended." In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications, including Neurontin, Naproxen, Relafen, Butrans, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin 600mg #120 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20fGabapentin section, Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as result of the same. In this case, however, the attending provider has failed to outline any quantifiable decrements in pain achieved as result of ongoing gabapentin usage. The attending provider has likewise failed to outline any material improvements in function achieved as result of the same. The applicant is off of work, on total temporary disability. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on a variety of other opioid and non-opioid agents, including Butrans, Relafen, naproxen, Flexeril, Remeron, etc. The applicant is still having difficulty performing activities of daily living as basic as lifting and sleeping. All of the foregoing, taken together, suggests a lack of functional improvements as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Naproxen 550mg #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment of 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 the attending provider should incorporate both some discussion of medication efficacy as well as some discussion of applicant-specific variables such as "other medications" into this choice of pharmacotherapy. Here, however, the attending provider appears to be furnishing the applicant with prescriptions for two separate NSAIDs, Relafen and naproxen, from visit to visit, without any clear justification or rationale for the same. It is further noted that ongoing usage of naproxen has likewise failed to effect any lasting benefit to date. The applicant remains off of work, on total temporary disability, despite ongoing naproxen usage. Ongoing naproxen usage has failed to curtail the applicant's dependence on other agents, such as Remeron, Neurontin, Butrans, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

Ompeprazole Dr 20mg #30 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for adverse gastrointestinal events and who, by implication, qualify for prophylactic usage of proton pump inhibitors such as omeprazole include those individuals who are using multiple NSAIDs. Here, the applicant is, in fact, using multiple NSAIDs, naproxen and Relafen. Prophylactic usage of omeprazole is therefore indicated. Accordingly, the request is medically necessary.