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| Case Number: | CM14-0022408 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 04/07/2010 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/23/2014 |

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 wrist, finger, thumb, and shoulder pain reportedly associated with an industrial injury of April 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; and psychotropic medications. In a Utilization Review Report dated February 13, 2014, the claims administrator approved a request for Naprosyn, partially certified Neurontin, Norco, and omeprazole while denying Zanaflex and a home health aide outright. The applicant's attorney subsequently appealed. An April 16, 2014 progress note was notable for comments that the applicant reported multifocal hand and wrist pain, 7-8/10. It was stated that the applicant's medications resulted in "70% improvement." It was not clearly stated what precisely had been improved, however. The applicant's medication list included glipizide, melatonin, Mevacor, Glucophage, Gabapentin, Zestril, hydrochlorothiazide, Norco, Naprosyn, Prilosec, Zanaflex, Protonix, Cymbalta, and Neurontin. The applicant was described as following up on "pain and disability" associated with his cumulative trauma claim. It was stated that the applicant wanted to pursue and appeal the previously sought home health care. The applicant was placed off of work, on total temporary disability, while Norco, Naprosyn, Prilosec, Zanaflex, Protonix, and Cymbalta were renewed. Multiple progress notes interspersed throughout 2013 and 2014 were notable for comments that the applicant remained off of work, on total temporary disability. In another progress note of February 20, 2014, the attending provider again stated that he supported the applicant's request for home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 800MG, #720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section; MTUS 9792.20f Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Guidelines, it is incumbent upon the attending provider to discuss improvements in pain and function at each visit in applicants who are using Gabapentin. In this case, however, there has been no discussion of medication efficacy on any recent progress note. There was no discussion of what (if any) activities of daily living had specifically been ameliorated as a result of ongoing Gabapentin usage. The fact that the applicant remained off of work, on total temporary disability, implied a lack of functional improvement, as with the applicant's seeming failure to diminish consumption of other medications despite ongoing usage of Gabapentin, an anticonvulsant adjuvant medication. Therefore, the request is not medically necessary.

NORCO 10/325MG, #960.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain 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, however, the applicant is off of work, on total temporary disability. There have been no documented improvements in pain or function achieved as a result of ongoing Norco usage. Rather, the applicant appears to report heightened complaints of pain as opposed to reduced complaints of pain, despite ongoing Norco usage. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 69 of the MTUS Chronic Pain Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced

dyspepsia, in this case, however, there is no clear mention of dyspepsia, reflux, and/or heartburn made on any recent progress note. In fact, the applicant specifically denied any gastrointestinal symptoms on April 16, 2014. As with the other medications, there was no discussion of medication efficacy raised on any recent progress note, which, per page 7 of the MTUS Chronic Pain Guidelines should guide an attending provider's choice of recommendations. Therefore, the request for Omeprazole is not medically necessary.

ZANAFLEX 4MG, #240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine section; MTUS 9792.20f Page(s): 7; 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Guidelines acknowledges that Zanaflex is FDA approved in the management of spasticity and can be employed for unlabeled use for low back pain, in this case, however, the applicant's complaints pertain to the upper extremities, wrist, hands, elbows, shoulders, etc. There was no seeming mention of back pain in any of the recent progress notes provided for review. It is further noted that, as with the other medications, the attending provider did not incorporate any discussion of medication efficacy into his choice of recommendations, in contrast to what is suggested on page 7 of the MTUS Chronic Pain Guidelines. The applicant did not appear to effect any lasting benefit or functional improvement despite ongoing usage of tizanidine. The applicant remained off of work, on total temporary disability, and failed to diminish consumption of other medications, such as Norco, despite ongoing Zanaflex usage. Therefore, the request is likewise not medically necessary.

HOME HEALTH AID 3 DAYS A WEEKS FOR 4 HOURS A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. Home health services are not recommended to deliver or facilitate stand-alone assistance with activities of daily living, such as cooking, cleaning, or other non-medical services, etc. In this case, the attending provider has not clearly detailed or recounted what services are being sought. Therefore, the request is likewise not medically necessary.