

<b>Case Number:</b>	CM14-0023190		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/16/2005
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 right ankle, bilateral knee, and foot pain reportedly associated with an industrial injury of March 16, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 27, 2014, the claims administrator apparently denied a request for cyclobenzaprine, hydrocodone-acetaminophen, Prilosec, and tramadol-acetaminophen. Non-MTUS ODG Guidelines were cited in the decision to deny omeprazole, although the MTUS did obliquely address the topic. The claims administrator's rationale was extremely sparse, employed an outlined format, and contained little or no narrative commentary. The applicant's attorney subsequently appealed. A December 16, 2013 progress note is notable for comments that the applicant had persistent complaints of neck and shoulder pain. The note was highly templated and seemingly unchanged as compared to earlier notes. The applicant had apparently not returned to work since 2007 and now was deemed retired, it was suggested. The applicant also had ongoing complaints of low back pain as well as neck pain, it was stated. The applicant was given refills for Norco, Fexmid, and Prilosec, the latter of which was being given for gastrointestinal relief. It was stated that previous usage of oral anti-inflammatory medications did cause gastrointestinal symptoms, although it was not clearly stated whether or not the applicant had any present gastrointestinal symptoms. On February 26, 2014, the attending provider seemingly stated that the applicant was pending a medication renewal. Again, there is little or no narrative commentary provided. On January 29, 2014, the applicant was described as reporting persistent complaints of neck pain and was again described as pending medication renewal. In an earlier medical-legal evaluation of

June 17, 2008, it was stated that the applicant had had issues with depression and gastritis, which had been deemed compensable to the medical-legal evaluation process.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE CYCLOBENZAPRINE 7.5MG, #60 DOS: 12/16/13: 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 Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is fact using numerous other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

#### **RETROSPECTIVE HYDROCODONE/APAP 10/325MG, #60 DOS: 12/16/13: 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 Page(s): 80.

**Decision rationale:** Hydrocodone-acetaminophen is a short-acting opioid. 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is not working. There has been no discussion of medication efficacy on any recent progress notes provided. It is not clearly stated what the applicant's response to ongoing Norco usage has been. There have been no clearly documented improvements in pain or function achieved as a result of ongoing hydrocodone-acetaminophen usage. Therefore, the request was not medically necessary.

#### **RETROSPECTIVE OMEPRAZOLE 20MG, #60 DOS: 12/16/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69; 7.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the applicant is no longer using NSAID. While the applicant may have had historical issues with dyspepsia, there is no evidence that the applicant in fact has any current issues with dyspepsia. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to factor discussion of medication efficacy to his choice of recommendation. In this case, however, there has been no discussion of medication efficacy insofar as either omeprazole or other medications are concerned. Therefore, the request was not medically necessary.

**RETROSPECTIVE TRAMADOL 37.5/325MG, #60 DOS: 12/16/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic and Opioids, Ongoing Management topic Page(s): 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, it was not clearly stated why two separate short-acting opioids, namely Norco and tramadol-acetaminophen were being employed here. As with the other medications, there was no discussion of medication efficacy pertaining to tramadol-acetaminophen. There is no evidence that the applicant has achieved requisite improvements in pain or function needed to justify continuation of opioids as set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was likewise not medically necessary.