MAXIMUS Federal Services

Case Number:	CM14-0028045		
Date Assigned:	06/16/2014	Date of Injury:	01/01/2004
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 upper extremity pain reportedly associated with cumulative trauma at work first claimed on January 1, 2004. Thus far, the applicant has been treated with analgesic medications; earlier elbow epicondylar release surgery, stellate ganglion block, ulnar nerve injection, epidural steroid injection therapy, trigger point injection therapy, shoulder corticosteroid injection, shoulder arthroscopy, and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 5, 2014, the claims administrator denied request for Ultram, Fexmid, and Prilosec outright. The claims administrator wrote in its rationale that the applicant had a history of good response to Prilosec and also had a history of significant GI distress. Thus, the narrative rationale section of the report stated that Prilosec was to be approved while the determinations stood denied. Tramadol and Fexmid were apparently denied on the grounds that the applicant had not profited through the same. In an April 17, 2014 progress note, the applicant was described as carrying diagnosis of complex regional pain syndrome, elbow pain, ulnar neuropathy, depression, anxiety, shoulder pain, medication-induced gastritis, and shoulder internal derangement. The applicant's medication list at this point, included Ultram, Motrin, Lidoderm, Prilosec, Dexilant, and Neurontin. The applicant was described as permanent and stationary. The applicant was given trigger point injections in the clinic. It was stated that the applicant was complaining of less GI discomfort while using Prilosec 20 mg. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF ULTRAM ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neck & Upper Back Complaints & Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, pages 80 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the 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. The applicant has unchanged permanent work restrictions which remained in place, unchanged, from visit to visit. The progress note on file suggests that the applicant is quite limited in terms of performance of activities of daily living with the upper extremities and still has heightened pain complaints, despite ongoing Ultram usage. Therefore, the request is not medically necessary.

60 TABLETS OF FEXMID 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 41 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 in fact using a variety of other analgesic medications, including Ultram, an opioid. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

60 CAPSULES OF PRILOSEC 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, page 69 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. In this case, the applicant does seemingly have ongoing issues with dyspepsia induced as a result of ongoing Motrin usage. Motrin is an NSAID. The attending provider has posited that ongoing usage of Prilosec has attenuated the applicant's symptoms of dyspepsia. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.