

Case Number:	CM14-0028699		
Date Assigned:	06/16/2014	Date of Injury:	06/17/2011
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of June 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a utilization review report dated February 6, 2014, the claims administrator retrospectively denied a request for pantoprazole (Protonix), Mentherm Gel, and cyclobenzaprine while partially certifying hydrocodone and acetaminophen for weaning purposes. The claims administrator cited a variety of non-MTUS ODG Guidelines on opioids and proton pump inhibitors, although the MTUS did in fact address the request at hand. The applicant's attorney subsequently appealed. The applicant was placed off of work, on total temporary disability, on October 31, 2013. The applicant was apparently asked to eschew NSAIDs owing to abdominal pain. The applicant had reportedly developed abdominal pain as a result of earlier NSAID usage. Eight sessions of chiropractic manipulative therapy were sought. The applicant was again placed off of work on an earlier progress note of September 25, 2013. On February 13, 2014, the applicant was described as tolerating his current medications relatively well. The applicant stated that his pain symptoms were adequately managed, but then stated, somewhat incongruously, that his quality of sleep was poor. The applicant was taking Flexeril, Norco, Protonix, and Mentherm Gel at that point in time. The applicant was again placed off of work, on total temporary disability, and was described as a good candidate for a functional restoration program. On December 12, 2013, the applicant again reported 5/10 pain. The applicant was reportedly using Flexeril, Norco, and Protonix at that point in time. A variety of medications were issued, including Flexeril, Norco, Protonix, and Mentherm gel. The

applicant was again placed off of work, on total temporary disability. It appeared, based on the information on file, the Menthoderm was the first-time introduction as of the date in question, December 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 69, 70.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there was no clear evidence of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, raised on any recent progress note provided, including the December 12, 2013, progress note in question. The applicant did, at one point, experience some abdominal pain, it was suggested; however, this was never conclusively linked to reflux or dyspepsia. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there was no mention of medication efficacy with ongoing pantoprazole usage. Therefore, the request was not medically necessary.

MENTHODERM GEL 240GM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Topic Page(s): 105.

Decision rationale: The request in question represented a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, however, 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's pain complaints were seemingly unchanged, at 5/10, from visit to visit. There was no mention of any improvements in function achieved as a result of ongoing opioid therapy. The applicant remained off of work, on total temporary disability, despite ongoing usage of hydrocodone or acetaminophen. The attending provider did not expound or elaborate upon any improvements in function achieved as a result of ongoing hydrocodone- acetaminophen usage. Therefore, the request was not medically necessary.

HYDROCODONE BIT/APAP TABLETS 2.5/325MG #120: Upheld

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

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

Decision rationale: The request in question represented a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, however, 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's pain complaints were seemingly unchanged, at 5/10, from visit to visit. There was no mention of any improvements in function achieved as a result of ongoing opioid therapy. The applicant remained off of work, on total temporary disability, despite ongoing usage of hydrocodone or acetaminophen. The attending provider did not expound or elaborate upon any improvements in function achieved as a result of ongoing hydrocodone- acetaminophen usage. Therefore, the request was not medically necessary.

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

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

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 was, in fact, using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.