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| Case Number: | CM14-0033146 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/02/2005 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 2, 2005. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, lumbar fusion surgery, and opioid therapy. In a utilization review report dated February 11, 2014, the claims administrator denied or partially denied requests for Cyclobenzaprine, an Ibuprofen-containing cream, Gabapentin, Protonix, and Hydrocodone-Acetaminophen. The applicant's attorney subsequently appealed. In a progress note dated February 11, 2014, the applicant presented with 9/10 neck and low back pain with medications and 10/10 low back pain without medications. The applicant was reportedly limited in terms of various activities of daily living, including ambulation and sleep. Tenderness and limited range of motion were noted about the lumbar spine. The applicant was described as not working. A variety of medications were refilled, including Flexeril, Neurontin, Hydrocodone-Acetaminophen, Morphine, and Protonix. The applicant was described as using Cyclobenzaprine, an Ibuprofen-containing cream, Neurontin, Norco, and Protonix in an earlier note of January 14, 2014. On that date, it was stated, the applicant reportedly had a negative review of gastrointestinal systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine, a muscle relaxant, to other agents is not recommended. In this case, the applicant is, in fact, using a variety of analgesic and adjuvant medications. Adding Cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request is not medically necessary or appropriate.

Inovarx-Ibuprofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the ibuprofen-containing cream proposed here, as a class, are deemed "largely experimental." In this case, the attending provider has not furnished any compelling narrative rationale, commentary, or other medical evidence so as to offset the unfavorable MTUS recommendation. It is not clearly stated why the applicant cannot use first-line oral pharmaceuticals here. Therefore, the request is not medically necessary.

Gabapentin 600 MG: 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 Anti-epilepsy drugs (AEDs) - Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, patients using Gabapentin should be asked at each visit as to whether there has been an improvement in pain or function achieved with the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various other analgesic agents, including opioids such as Norco. The applicant's reduction in pain levels from 10/10 to 9/10 with medications appears to be marginal to negligible at best and is outweighed by the applicant's continuing difficulty in terms of performing even basic activities of daily living such as ambulating, as well as the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

Pantoprazole 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors, such as Pantoprazole (Protonix) to combat NSAID-induced dyspepsia. In this case, however, the applicant was specifically described as having an entirely negative gastrointestinal review of systems on a recent January 2014 progress note (referenced above), arguing against the need for Pantoprazole. Therefore, the request is not medically necessary.

Hydrocodone BIT/APAP 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Hydrocodone-Acetaminophen is classified as a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include successful return to work, improved functioning, and/or reduced pain achieved as a result of the use of the medication. In this case, however, the applicant is off of work. There is no evidence of any improvement in pain or function achieved as a result of ongoing Hydrocodone-Acetaminophen usage. The applicant is described as limited in terms of performance of even basic activities of daily living, such as ambulating. He is only reporting a marginal drop in pain scores from 10/10 to 9/10 with ongoing opioid therapy. Therefore, the request is not medically necessary.