

Case Number:	CM14-0036799		
Date Assigned:	06/25/2014	Date of Injury:	03/24/2005
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 low back pain reportedly associated with an industrial injury of March 24, 2005. 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; opioid therapy; muscle relaxants; adjuvant medications; and epidural steroid injection therapy. In a Utilization Review Report dated March 24, 2014, the claims administrator partially certified Vicodin for weaning purposes, denied Flexeril outright, approved Pamelor, denied Protonix, and approved Plavix. The applicant's attorney subsequently appealed. In a September 17, 2013 physical therapy progress note, the applicant was described as having persistent complaints of knee pain status post earlier knee meniscectomy. On October 7, 2013, the applicant was described as status post recent epidural steroid injection therapy. 9/10 pain was noted with medication and 10/10 pain without medication. The applicant exhibited a slow and antalgic gait requiring usage of a cane. The applicant exhibited limited lumbar range of motion. Senna, Cymbalta, Flexeril, and Vicodin were renewed at this point. The applicant's work status was not furnished, although it did not appear that the applicant was working. On October 29, 2013, the applicant was placed off of work, on total temporary disability, through December 6, 2013. The applicant was using Cymbalta, Vicodin, and Flexeril, it was acknowledged, at this point in time. The applicant was status post knee arthroscopy on September 5, 2013, it was further stated. On February 5, 2014, the applicant was again given prescriptions for Vicodin, Flexeril, Pamelor, Protonix, Plavix, Levoxyl, Zestril, and Crestor. Epidural steroid injection therapy and facet joint injection therapy were sought. The applicant stated that Pamelor had reduced his pain by 50%. There was no discussion of efficacy insofar as the other medications were concerned, however. Similarly, the applicant was given prescriptions for Vicodin, Flexeril, Pamelor, Protonix, Plavix, Levoxyl,

Zestril, and Crestor on December 9, 2013. The applicant did have comorbid cardiac disease complicating his recovery, it was acknowledged. The applicant's work status was not clearly stated on this occasion, although the applicant did not appear to be working. The applicant was described as having a GI review of systems which was positive for gastritis on office visits of March 3, 2014, February 5, 2014, and December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

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

Decision rationale: 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 does not appear to be working. The applicant seemingly remains off of work, on total temporary disability, despite long-term usage of Vicodin. The applicant's pain levels were described in the 9/10 range with medication and 10/10 range without medications on at least one occasion referenced above. There is no clear, concrete, and/or tangible report of any improved performance of activities of daily living effected as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Protonix 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NSAIDS and Gastrointestinal Symptoms Page(s): 69.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are endorsed in the treatment of NSAID-induced dyspepsia. In this case, the applicant is seemingly having issues with stand-alone dyspepsia. By implication, then, provision of Protonix to combat the same is indicated. Therefore, the request is medically necessary.