

Case Number:	CM14-0038220		
Date Assigned:	06/25/2014	Date of Injury:	08/20/2012
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 August 20, 2012. 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; earlier lumbar laminectomy surgery; unspecified amount of physical therapy; and muscle relaxants. In a Utilization Review Report dated March 27, 2014, the claims administrator failed to approve request for Protonix, Naprosyn, Flexeril, and Lorcet. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2013, the applicant presented with 8/10 low back pain radiating to the right lower extremity. The applicant stated that her ability to perform activities of daily living such as grocery shopping, grooming, and various simple household duties was facilitated as a result of ongoing medication usage. The applicant was using tramadol and unspecified NSAIDs at that point in time. Additional physical therapy, Lorcet, Naprosyn, and cyclobenzaprine were dispensed. The applicant was placed off of work, on total temporary disability. On February 13, 2014, the applicant was again described as having 5/10 low back pain after having completed 24 sessions of postoperative physical therapy. The applicant again stated that her ability to perform activities of daily living, including bathing, grocery shopping, very light household duties, and preparing food were ameliorated with ongoing opioid therapy. Extended release tramadol, Lorcet, Naprosyn, and Protonix were endorsed. It was stated that the Protonix was being employed for gastric protective purposes as opposed to actual symptoms of dyspepsia. On a urine drug test report of March 19, 2014, it was incidentally noted that the applicant was 31 years old.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 68, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 68.

Decision rationale: The attending provider has indicated that the applicant is using Protonix for gastric protective purposes. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic provision of proton pump inhibitors is indicated in applicants who are aged 65 years age or greater and are using NSAIDs, individuals who are using multiple NSAIDs, individuals who are using NSAIDs in conjunction with corticosteroids, and/or individuals who are using NSAIDs with a history of peptic ulcer disease or GI bleeding. In this case, however, none of the aforementioned criteria were met. The applicant is less than 65 years of age (age 31). The applicant is only using one NSAID, Naprosyn. The applicant is not currently using any corticosteroids. The applicant has no clearly stated history of GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.

Anaprox 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 22, Anti-Inflammatory Medications topic.2. MTUS 9792.20f Page(s): 22.

Decision rationale: As noted on page 22 in the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The applicant, in this case, has reported appropriate analgesia and improved ability to perform activities of daily living with ongoing usage of Naprosyn. The applicant's ability to perform household chores, cook, clean, shop, bathe, perform household duties, prepare food, etc., has reportedly been ameliorated as a result of ongoing Naprosyn usage, it has been posited. The applicant's work restrictions are likewise being reduced from visit to visit. The applicant was earlier placed off of work, on total temporary disability. The treating provider, as of February 13, 2014, had given the applicant a 30-pound lifting limitation. By all accounts, thus, it does appear that the applicant is demonstrating ongoing evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of Anaprox (Naprosyn). Accordingly, the request is medically necessary.

Flexeril 7.5mg #90: Upheld

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

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

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

Lorcet plus 7.5/650mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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 functioning, and/or reduced pain achieved as a result of the same. In this case, while it is not clearly stated that the applicant is working, the attending provider is nevertheless reducing the applicant's work restrictions from visit to visit. The attending provider has likewise documented appropriate reductions in pain and improved ability to perform activities of daily living, including household chores, cooking, cleaning, food preparation, etc., reportedly achieved, in part, as a result of ongoing Lorcet usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.