

Case Number:	CM14-0042631		
Date Assigned:	08/08/2014	Date of Injury:	02/03/2004
Decision Date:	09/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 and arm pain reportedly associated with cumulative trauma at work through February 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for Norco, Naprosyn, Valium, Prilosec, and topical LidoPro lotion. The claims administrator also approved a second request for Prilosec. The claims administrator stated that he would approve one of the requests but not the other on the grounds that the applicant should periodically be evaluated to ensure ongoing medication efficacy. The applicant's attorney subsequently appealed. In a November 7, 2013 progress note, the applicant was described as having persistent complaints of neck and shoulder pain status post earlier left and right carpal tunnel release surgeries. 8/10 pain without medication was noted versus 2-4/10 with medications. The applicant still had weakness about the hands and difficulty gripping and grasping, it was acknowledged. The applicant remained depressed, it was further noted that the applicant appeared to be tired. The applicant was not working. The applicant had a pending hearing before the Worker's Compensation Appeals Board (WCAB). Additional acupuncture was suggested, LidoPro, Norco, Valium, Naprosyn, and Protonix were endorsed. The applicant was apparently using Protonix to treat stomach upset associated with medication usage. A neck pillow was endorsed. The attending provider stated that ongoing usage of Norco was diminishing pain complaints. The attending provider did not elaborate what activities of daily living were more specifically ameliorated with ongoing Norco usage, however. Valium was ameliorating the applicant's anxiety, it was stated. On December 9, 2013, the applicant was again described as having persistent complaints of pain, tiredness,

fatigue, and difficulty sitting. The applicant was only doing minimal chores. Somewhat incongruously, then the attending provider posited that the applicant felt that medications were beneficial. Additional acupuncture was sought. The applicant was again given prescriptions for Norco, Valium, Naprosyn, Protonix, and LidoPro lotion. On July 20, 2014, the applicant reported persistent complaints of neck, elbow, and hand pain, 6-7/10. The applicant's neck was the primary pain generator, it was noted. The applicant was still having difficulty lifting heavier articles. The applicant was having difficulty maintaining daily chores. The applicant's daughter was helping her perform chores. The applicant was now receiving Social Security Disability Insurance (SSDI), in addition to Worker's Compensation benefits. Limited shoulder and neck range of motion were noted. The applicant was described as being overweight. Multiple medications were refilled, including Norco, Valium, and Protonix. It was again stated that Protonix was being employed to treat stomach upset with taking medications. A TENS unit pad was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, however, the applicant is off of work. The applicant was receiving disability benefits both from the Social Security and Workers Compensation System, it was suggested. The applicant continues to report pain levels as high as 6-8/10, despite ongoing medication consumption. While the attending provider did state that the medications were allowing the applicant to remain functioning, the attending provider did not elaborate or expound on what activities of daily living were specifically ameliorated. The fact that the applicant's daughter has helped her perform household chores suggested that ongoing medication usage, including ongoing Norco usages, has not been altogether beneficial. Therefore, the request is not medically necessary.

Naproxen Sodium 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, cessation of the offending NSAID is an option in applicants who develop dyspepsia secondary to NSAID therapy, as it appears to be the case here. The applicant continues to report ongoing issues with stomach upset associated with medication consumption. Continuing Naprosyn, on balance, does not appear to be indicated, particularly in light of the fact that the applicant does not appear to have effected any functional improvement as defined in MTUS 9792.20f through ongoing usage of the same. The applicant is off of work. The applicant is receiving monies from various disability systems. The applicant's ongoing usage of Naprosyn has failed to diminished or curtail dependence on other medications, including opioids such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Valium 10mg # 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant the opportunity to recoup emotional or physical resources, in this case, however, the attending provider has been employing Valium for anxiety or sleep purposes, for what amounts to several months to over a year. This is not an appropriate usage of Valium, per ACOEM. Therefore, the request is not medically necessary.

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant with the opportunity to recoup emotional or physical resources, in this case, however, the attending provider has been employing Valium for chronic, long-term, and/or daily use purposes, for what appears to be several months to over a year. This is not an appropriate usage of anxiolytic medications, per ACOEM. Therefore, the request is not medically necessary.

Prilosec 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69,7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider simply reported that the applicant has stomach upset from visit to visit. The attending provider has simply refilled Prilosec from visit to visit on the grounds that the applicant has stomach upset with medications. The attending provider has not outlined or stated whether or not the ongoing usage of Prilosec has been effective in combating the same. Therefore, the request is not medically necessary.

Lidopro lotion 4oz with 1 refill: Upheld

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

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, as a class, are deemed "largely experimental," with little or no research to support usage and/or primarily recommended for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, however, the attending provider has not clearly outlined or established the failure of multiple anticonvulsant and/or antidepressant adjuvant medications for neuropathic pain before selection and/or ongoing usage of LidoPro lotion. Therefore, the request is not medically necessary.