MAXIMUS Federal Services

Case Number:	CM14-0071506		
Date Assigned:	07/16/2014	Date of Injury:	07/21/2011
Decision Date:	09/23/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 bilateral shoulder and bilateral elbow pain reportedly associated with an industrial injury of July 21, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; muscle relaxants; bracing; trigger point injection therapy; unspecified amounts of physical therapy; and unspecified amounts of acupuncture.In a utilization review report dated April 18, 2014, the claims administrator retrospectively denied a request for omeprazole, Fexmid, and tramadol.The applicant's attorney subsequently appealed.In a March 3, 2014 progress note, the applicant reported peristent complaints of neck, bilateral wrists, bilateral shoulders, and bilateral elbow pain. The applicant was having difficulty performing activities of daily living, it was stated. It was seemingly suggested in some section of the report, secondary to a flare up of pain. Other section of the report, conversely, suggested that the applicant was working a regular duty work and was seemingly deriving appropriate benefit from medications. Ultram, Prilosec, and Fexmid were apparently refilled. The documentation on file was sparse, at times handwritten, and comprised in many cases of preprinted checkboxes. It was suggested that Prilosec was being used for medication-induced dyspepsia. It was suggested in the gastrointestinal review of systems section that the applicant had issues with vomiting/heartburn, while another section of the report stated that the applicant's gastrointestinal review of the systems was "negative."On January 17, 2014, the applicant was again described as working regular duty. The attending provider seemingly suggested that the applicant's heartburn had been diminished through once daily usage of Prilosec. The attending provider also suggested that thrice daily usage of tramadol was diminished in the applicant's pain complaints from 8/10 to 4/10 and ameliorating the applicant's ability to perform activities of daily living including work. The applicant was asked to continue

home exercises and was again returned to regular duty work. The documentation, once again, was difficult to follow, handwritten, and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omepazole 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of the NSAID-induced dyspepsia. In this case, the attending provider did document the presence of standalone dyspepsia and/or medication-induced dyspepsia reportedly successfully attenuated through ongoing usage of Prilosec at a rate of once daily. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Fexmid) to other agents is not recommended. In this case, the applicant is using a variety of other agents, including tramadol. Adding Fexmid to the mix is not recommended. Therefore, the request is not medically necessary.

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids 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, the documentation of file while admittedly handwritten and at times very difficult to

follow, does establish the fact that the applicant has returned to regular duty work. The applicant, moreover, did report appropriate diminution in pain scores and improved ability to perform activities of daily living, including home exercises, all reportedly achieved as a result of ongoing opioid therapy with tramadol. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.