MAXIMUS Federal Services

Case Number:	CM14-0074810		
Date Assigned:	07/16/2014	Date of Injury:	06/26/2008
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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, left ankle pain, and gastritis reportedly associated with an industrial injury of June 26, 2008. 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; adjuvant medications; earlier lumbar fusion surgery; and opioid therapy. In a Utilization Review Report dated April 22, 2014, the claims administrator seemingly approved a request for Norco, denied a request for Fexmid, denied a request for Naprosyn, denied a request for Prilosec, denied a request for Topamax, and approved a request for MS Contin. It was noted that the claims administrator wrote, somewhat incongruously, that the request for Norco was "medically necessary" in one section of the report and then stated, in another section of the report, that the request for Norco was not medically necessary. The applicant's attorney subsequently appealed. On December 11, 2013, the applicant reported persistent complaints of low back pain, moderate to moderately severe, radiating to the bilateral lower extremities. The applicant was asked to wean off of a brace and pursue additional physical therapy. The applicant's work status was not clearly stated. On May 13, 2014, the applicant presented with persistent complaints of low back pain, foot pain, ankle pain, stress, anxiety, depression, and insomnia. The applicant was receiving cognitive behavioral therapy, it was stated, which would improve the applicant's mental health issues, to some degree, it was stated. The applicant was placed off of work, on total temporary disability, following earlier lumbar fusion surgery in May 2013. There was no discussion of medication efficacy. On June 17, 2014, the applicant presented following a successful spinal cord stimulator trial. The applicant was using Norco for breakthrough pain six to eight tablets a day, it was stated. The applicant was also using Fexmid for spasms and Prilosec for medication induced gastritis. The applicant was using Topamax

twice daily, it was further noted and Xanax for anxiety, it was stated. The applicant was asked to pursue spinal cord stimulator implantation. A variety of medications were refilled. The applicant was apparently receiving Prozac and Xanax from his psychiatrist, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic.2. MTUS Page(s): 7, 69.

Decision rationale: As noted on page 69 in the MTUS Chronic Pain Medical Treatment Guidelines, cessation of the offending NSAID is an option in the treatment of NSAID-induced dyspepsia, the issue seemingly present here. The applicant is reporting issues with gastritis and reflux with going medication usage, including ongoing Naprosyn usage. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability, despite ongoing usage of Anaprox (Naprosyn). The applicant remains highly reliant and highly dependent on opioid agent such as Norco and morphine, again despite ongoing usage of Naprosyn (Anaprox). All the above, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

FexMid 7.5mg #120: Upheld

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

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

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

Prilosec 20mg: Overturned

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

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 inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is apparently reporting issues with dyspepsia, either induced by Naprosyn or by some of the applicant's many other medications. Introduction and/or ongoing usage of Prilosec to combat the same is indicated. Therefore, the request is medically necessary.

Topamax 50mg Tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 7, 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax can be considered for use for neuropathic pain when other anticonvulsants fail, this recommendation is qualified by commentary made 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 fact that the applicant is off of work, on total temporary disability, coupled with the fact that the applicant remains highly reliant and highly dependent on several other opioids agents, such as Norco and morphine, taken together, suggest a lack of functional improvement as defined in the MTUS 9792.20f despite ongoing usage of Topamax. As with the many other medications, the attending provider did not establish the presence of ongoing medication efficacy with ongoing Topamax usage. Therefore, the request is not medically necessary.