

Case Number:	CM14-0093347		
Date Assigned:	07/25/2014	Date of Injury:	04/05/2012
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 pain syndrome/myofascial pain syndrome reportedly associated with an industrial injury of April 5, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report reportedly dated May 21, 2014, the claims administrator approved a psychiatry consultation, denied a urine drug screen, denied Voltaren, denied Neurontin, denied Fexmid, and denied Omeprazole. In a May 8, 2014 appeal letter, the attending provider stated that he disagreed with the claims administrator's denial of various medications. The attending provider posited that ongoing usage of Omeprazole had ameliorated the applicant's complaints of dyspepsia. The applicant did have derivative complaints of depression, weight loss, fatigue, and insomnia; it was further noted, superimposed on primary complaints of neck pain, low back pain, and bilateral arm pain. The attending provider stated that the applicant was using Flexeril for muscle spasm purposes. The attending provider stated that he was performing "standard" drug testing on the applicant and that the applicant's last set of drug testing was some three months prior. The attending provider did not, however, state which drug tests and/or drug panels were specifically being tested for. The attending provider did not seemingly furnish much in the way of information regarding the Voltaren appeal and also stated that the applicant was using another NSAID, Naprosyn. In a medical-legal evaluation of January 27, 2014, the applicant was apparently given permanent work restrictions which were impacting the applicant's ability to work, it was stated. On February 12, 2014, the applicant's psychologist stated that the applicant had a global assessment of function (GAF) of 50, owing to a principal reported diagnosis of dysthymia disorder with passive-aggressive and narcissistic traits. The applicant was asked to

seek volunteer work in the community and pursue additional psychotherapy. The applicant was described as using Motrin and Flexeril at this point. In a February 18, 2014 progress note, the applicant presented with ongoing issues associated with neck pain, low back pain, myofascial pain syndrome, and elbow epicondylitis. The note was handwritten, difficult to follow, and not entirely legible. The applicant's work status was not clearly stated. The applicant was given refills of Naprosyn, Prilosec, Neurontin, and Flexeril. The applicant was given a rather proscriptive 5-pound lifting limitation. It did not appear that the applicant's employer was able to accommodate this limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100 DOS: 5/1/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 63.

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 inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has established that the applicant does have ongoing symptoms of reflux, heartburn, and/or dyspepsia, reportedly attenuated through ongoing usage of Omeprazole. Therefore, the request is medically necessary.

Flexeril (Fexmid) 7.5mg #90 DOS: 5/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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 (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Naprosyn, Omeprazole, Neurontin, Motrin, Voltaren, etc. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Voltaren (Diclofenac Sodium ER) 100mg #1 Bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: In this case, the applicant is reporting ongoing issues with dyspepsia, apparently NSAID-induced. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment dyspepsia secondary to NSAID therapy is cessation of the offending NSAID. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate applicant-specific factors such as "other medications" and "side effects" into his choice of recommendations. In this case, the attending provider has reported on several different occasions that the applicant is using a variety of other NSAIDs in addition to Voltaren, including Naprosyn and Motrin. It is unclear why the applicant needs to use three different NSAIDs, particularly as the NSAIDs are, in fact, generating issues with dyspepsia/gastritis. Continuing Voltaren does not appear to be appropriate in this context. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 16-22,77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing, an attending provider should clearly state which drug tests and/or drug panels he intends to test for and attach an applicant's complete medication list to the request for authorization for testing. In this case, the attending provider has not, in fact, attached the applicant's complete medication list to the request for authorization for drug testing. The attending provider did not state what drug tests and/or drug panels he was testing for. The ODG further notes that an attending provider should attempt to categorize an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. In this case, the attending provider did not, in fact, categorize the applicant into higher or lower risk categories for which more or less frequent testing would be indicated. Therefore, the request was not medically necessary.