

Case Number:	CM14-0118768		
Date Assigned:	08/06/2014	Date of Injury:	05/21/2004
Decision Date:	01/16/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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, upper back, left upper extremity and bilateral shoulder pain reportedly associated with an industrial injury of May 21, 2004. In a Utilization Review Report dated July 26, 2014, the claims administrator failed to approve a request for Norco, citing ACOEM Guidelines; denied a request for Protonix, citing non-MTUS ODG Guidelines; approved a request for Cymbalta, again invoking non-MTUS ODG Guidelines; denied a request for Motrin, invoking ACOEM Guidelines; and denied a request for Flector, invoking non-MTUS ODG Guidelines. The claims administrator stated that its decision was based on an RFA form received on July 11, 2014 and an associated progress note of July 7, 2014. The applicant's attorney subsequently appealed. In a June 30, 2014 vocational evaluation, the applicant's vocational counselor stated that, in his opinion, the applicant had sustained no loss of earning capacity as her indemnity and disability benefits outweighed and offset her low-wage earning capacity. The applicant had apparently been given permanent impairment ratings both from medical and mental health standpoints. The applicant had sustained a 10% loss of labor market access. It was stated that the applicant's inability to speak [REDACTED] was making it difficult for her to find alternate employment. The applicant was not working, it was suggested. On July 7, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was on Flector, Norco, Motrin, Prilosec, and Cymbalta, it was stated. Several medications were refilled. 5/10 pain was reported. The applicant's work status was not furnished. There was no explicit discussion of medication efficacy incorporated in this particular progress note. On April 22, 2014, the applicant again received refills of Cymbalta, Norco, Motrin, and Prilosec, again without any explicit discussion of medication efficacy. The stated diagnoses on this occasion included

shoulder pain, cervical disk degeneration, cervical radiculopathy, major depressive disorder, myalgias and myositis of various body parts, and brachial neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325 mg tablets #60: Upheld

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

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 applicant was/is off of work. The applicant had apparently not worked in several years. The attending provider simply refilled Norco and other medications on several progress notes, referenced above, without any explicit discussion of medication efficacy. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Omeprazole 20 mg capsules #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Proton pump inhibitors

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file did not outline any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of omeprazole. Therefore, the request was not medically necessary.

Ibuoprofen 600 mg tablets #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic neck and shoulder pain reportedly present here, this recommendation, however, 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 remains off of work, coupled with the fact that ongoing usage of ibuprofen has failed to curtail the applicant's dependence on opioid agents such as Norco, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. The attending provider, it is further noted, simply refilled ibuprofen and other medications on several progress notes, referenced above, including on July 7, 2014 and on April 22, 2014, without any explicit discussion of ongoing medication efficacy. Therefore, the request was not medically necessary.

Flector DIS 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of topical diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the cervical spine and shoulder, body parts for which Voltaren/diclofenac/Flector has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the tepid-to-unfavorable MTUS position on Flector patches/topical diclofenac for neck and shoulder pain, the diagnoses reportedly present here. Therefore, the request was not medically necessary.