

Case Number:	CM14-0189732		
Date Assigned:	11/20/2014	Date of Injury:	03/15/2004
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 knee pain reportedly associated with an industrial injury of March 15, 2004. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for Norco, Robaxin, Naprosyn, and Zantac. The claims administrator stated that Robaxin and Norco were being partially approved, for weaning or tapering purposes. It was stated that the applicant had not benefitted from the medications in question. The claims administrator also alluded to the applicant's having alleged a variety of derivative complaints, including fibromyalgia, depression, anxiety, and psychological stress. The claims administrator's decision was based on progress notes of October 13, 2014 and September 8, 2014. The applicant's attorney subsequently appealed. In an October 13, 2014 RFA form; the applicant was given refills of Norco, Naprosyn, and Zantac. It was stated that Robaxin was being employed on a first-time basis, conversely, at a rate of up to three tablets daily for a total of 120 tablets. In a progress note of the same date, October 13, 2014, the applicant reported persistent complaints of wrist, shoulder, knee, and elbow pain. Some of the stated diagnoses included wrist ganglion cyst, wrist tenosynovitis, carpal tunnel syndrome, and chronic multifocal pain complaints. The applicant was using medical marijuana, it was acknowledged. Robaxin was prescribed to replace Fexmid, which was reportedly not beneficial. The attending provider posited that the applicant's pain scores were reduced from 10/10 without medications to 4/10 with medications. The applicant reported review of systems positive for stomach pain and did have ancillary complaints of muscle spasm, depression, anxiety, psychological stress, difficulty sleeping. The applicant reportedly had issues with superimposed diabetes, it was further noted. The applicant was not working with permanent limitations imposed by a medical-legal evaluator, it was acknowledged. On September 8, 2014, the applicant was given refills of Norco, Naprosyn,

Zantac, and Fexmid, it was further noted. A shower chair was endorsed on this date. Persistent complaints of wrist, knee, shoulder, and elbow pain with ancillary complaints of gastrointestinal disturbance were noted. The applicant was, once again, not working; it was acknowledged on this date. On February 24, 2014, the applicant's rheumatologist placed the applicant off of work, on total temporary disability, owing to chronic multifocal pain complaints, including bilateral knee pain, chronic fatigue syndrome, and difficulty to move. The applicant was using a cane to move about. The applicant was asked to continue various dietary supplements and topical compounds, including topical Ketoprofen, Therapentin, and Sentra lox. A shower chair and knee sleeve was endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. Here, however, the 120-tablet supply of Robaxin at issue implies chronic, long-term, daily, and/or scheduled usage of Robaxin. Such usage, however, is in opposition to page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Norco 7.5/325mg, #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; When to Discontinue Opioids Page(s): 80 and 79.

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 a result of the same. Here, however, the applicant is off of work. The applicant was placed off of work, on total temporary disability by a rheumatologist and asked to continue permanent work restrictions by the primary treating provider (PTP) both of whom concurred that the applicant was not working. While the attending provider did report some subjective reduction of pain scores from 7/10 without medications to 4/10 with medications, these are, however, outweighed by the applicant's failure to return to work and the applicant's continued difficulty performing activities of daily living as basic as driving, standing, walking, showering, etc. It is further noted that page 79 of the MTUS

Chronic Pain Medical Treatment Guidelines suggests immediate discontinuation of opioids in applicants who are using illicit substances. Here, the applicant was, in fact, using marijuana; it was suggested on October 13, 2014. Therefore, the request is not medically necessary.

Anaprox 550mg, 360: 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 Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant is, in fact, reporting ongoing complaints of dyspepsia, apparently induced and/or exacerbated by Naprosyn (Anaprox). It would appear, thus, that cessation of the offending NSAID, Naprosyn, is a more appropriate option than continuing the same, particularly in the face of the applicant's failure to demonstrate any meaningful improvement in function achieved as a result of ongoing Naprosyn usage. The applicant remained off of work, on total temporary disability, per his rheumatologist. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn (Anaprox). Therefore, the request is not medically necessary.

Zantac 150mg, #60: 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 Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as Zantac (ranitidine) are indicated to combat issues with NSAID-induced dyspepsia, as was/is apparently present here on October 13, 2014. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.