

Case Number:	CM14-0200341		
Date Assigned:	12/10/2014	Date of Injury:	07/17/2009
Decision Date:	01/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/01/2014

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 pain reportedly associated with an industrial injury of July 17, 2009. In a Utilization Review Report dated November 26, 2014, the claims administrator partially approved a request for Norflex, partially approved a request for omeprazole (Prilosec), and partially approved a request for Ultram (tramadol). The claims administrator referenced a November 3, 2014 progress note in its rationale. The claims administrator contended that the applicant carried diagnoses of cervical radiculopathy, shoulder bursitis, elbow tendinitis, and wrist tendonitis. The applicant's attorney subsequently appealed. On May 19, 2014, the applicant reported ongoing complaints of neck, elbow, wrist, and shoulder pain. The applicant was given prescriptions for Terocin and tramadol. The applicant's work status was not clearly outlined. The attending provider stated that the applicant's ability to perform self-grooming had been ameliorated as a result of ongoing medication consumption. On November 3, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, elbow pain, and wrist pain, it was stated at the top of the report. In the middle of the report, it was stated that the applicant had ongoing complaints of low back pain and associated muscle spasms. The attending provider stated that the applicant's medications had ameliorated his ability to perform activities of daily living such as self-grooming. Ultram and Prilosec were refilled. The applicant was given a rather proscriptive 10-pound lifting limitation. The attending provider stated, in an extremely templated manner, that ongoing usage of omeprazole had reduced the applicant's reflux and dyspepsia. This note was, by and large, identical to several other notes on file, including a September 22, 2014 progress note, in which the same medications were refilled and the applicant was given the same, unchanged, 10-pound lifting limitation. It did not appear that the applicant was working with

said limitation in place. The attending provider stated on September 22, 2014 that Prilosec was being employed for gastric protective effect on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90 with 5 refills: Upheld

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

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

Decision rationale: On page 63 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that muscle relaxants, such as Norflex are recommended with caution for short-term purposes to treat acute exacerbations of chronic pain. However, in this case the 90-tablet, 5-refill supply of Norflex at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines; therefore, the request is not medically necessary.

Prilosec 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

Decision rationale: On page 69 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that proton pump inhibitors (PPI), such as Prilosec (omeprazole), are indicated to combat issues with non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. However, in this case it is not clear that the injured worker experiencing actual issues with dyspepsia, nor does it appear that the injured worker using NSAIDs. While the attending provider stated on a progress note dated November 3, 2014, the injured worker's symptoms of reflux had been attenuated following usage of Prilosec. These comments were seemingly contravened by the attending provider's earlier commentary on September 22, 2014 to the effect that the injured worker was using Prilosec for gastric protective effect as opposed to for actual symptoms of reflux. On page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes the injured workers who are at heightened risk for gastrointestinal (GI) events, who qualify for prophylactic usage of proton pump inhibitors include: Those injured worker who are using NSAIDs who are aged 65 of years or greater, those injured workers who are using multiple NSAIDs; those injured workers who are using NSAIDs and have a history of peptic ulcer disease or GI bleeding; and/or those injured workers who are using NSAIDs in conjunction with corticosteroids. The injured worker does not appear to be using any NSAIDs or using corticosteroids and is 39 years of age. Based on the medical records reviewed, the injured worker does not qualify for usage of proton

pump inhibitors, such as Prilosec, for gastric protective purposes. Therefore, the request is not medically necessary.

Ultram ER 150mg #60 with 5 refills: 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 injured worker does not appear to be working with the 10-pound lifting limitation in place. The attending provider has not recounted any quantifiable decrements in pain or meaningful improvements in function achieved as a result of ongoing tramadol (Ultram) usage. Therefore, the request is not medically necessary.