

<b>Case Number:</b>	CM14-0208687		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 wrist, hand, and forearm pain reportedly associated with an industrial injury of December 21, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator approved a permanent spinal cord stimulator, urine drug screen, and Colace; partially approved a request for Norco; and denied Flexeril, naproxen, Prilosec, and Neurontin outright. The claims administrator referenced an RFA form dated November 3, 2014 in its determination. The applicant's attorney subsequently appealed. In a pain management visit dated December 1, 2014, the applicant reported 8/10 pain with medications versus 10/10 pain without medications. The applicant was having difficulty performing activities of daily living as basic as self-care, personal hygiene, and using his hand secondary to pain. The applicant's sleep was reportedly deranged secondary to pain. The applicant was currently not working, it was acknowledged, at age 35, owing to reported diagnosis of complex regional pain syndrome (CRPS). The applicant was asked to continue and/or given renewals of Colace, Flexeril, naproxen, Neurontin, Norco, Prilosec, Colace, Soma, Ventolin, Asmanex, Restoril, and Xanax. In a November 3, 2014 progress note, the applicant reported ongoing complaints of neck, arm, forearm, and bilateral upper extremity pain, exacerbated by gripping, grasping, lifting, pushing, and pulling, 8/10 with medications versus 10/10 without medications. The applicant did have issues with medication-induced constipation, it was incidentally noted. The attending provider himself acknowledged that the applicant's medications we provided only temporary/fleeting benefit. The applicant was described as "retired" at age 35. The applicant was given renewals of

Colace, Flexeril, naproxen, Neurontin, Norco, and Prilosec. The applicant's gastrointestinal review of systems, it was incidentally noted, was reportedly negative. Somewhat incongruously, the attending provider then stated that the applicant had a history of gastritis. The attending provider did not state, however, whether or not ongoing use of Prilosec was or was not effective. The attending provider's reporting vis-a-vis of Prilosec was incongruous as, at times, the attending provider suggested that the applicant was using Prilosec for gastroprotective effect as opposed to for actual symptoms of reflux.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10Mg:** Upheld

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

**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 or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including naproxen, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

**Naproxen 500Mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67.

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

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, 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. Here, the applicant was/is off of work, despite ongoing usage of naproxen. Ongoing usage of naproxen has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Norco and/or a spinal cord stimulator. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Norco 10/325Mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 81, 82, 83, 86.

**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. Here, the applicant is off of work. The attending provider's commentary to the effect that the applicant's pain scores were reduced from 10/10 without medications to 8/10 with medications on progress notes of November 3, 2014 and December 1, 2014, referenced above, do not make a compelling case for continuation of Norco, particularly when viewed in the context of the applicant's failure to return to work at age 35 and when viewed in the context of the applicant's continuing to report difficulty performing activities of daily living as basic as gripping, grasping, lifting, pushing, pulling, self-care, personal hygiene, etc. Therefore, the request was not medically necessary.

**Prilosec DR 20Mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 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 Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, it was not clearly stated whether the applicant was or was not experiencing symptoms of dyspepsia as the attending provider's reporting of events on progress notes of November 3, 2014 and December 1, 2014, referenced above, was internally inconsistent and incongruous. The attending provider reported in some sections of its note that the applicant had a negative gastrointestinal review of systems, while other sections of the progress note stated that the applicant had had historical issues with gastritis. Other sections of the note at issue stated that the applicant was using Prilosec for gastroprotective effect as opposed to for active symptoms of reflux. Page 47 of the ACOEM Practice Guidelines stipulates that an attending provider should discuss the efficacy of a particular medication for the particular condition for which it is being prescribed. Here, the attending provider did not clearly outline whether Prilosec was being employed for actual symptoms of reflux versus on a prophylactic basis, nor did the attending provider clearly identify whether or not ongoing usage of Prilosec was effective in whatever role it was, in fact, being employed. Therefore, the request was not medically necessary.

**Neurontin 600Mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of using the same. Here, however, the applicant is off of work. The applicant continues to report ongoing complaints of pain as high as 8/10, despite ongoing gabapentin (Neurontin) usage. The applicant continues to report difficulty performing activities of daily living as basic as gripping, grasping, lifting, carrying, pushing, pulling, self-care, personal hygiene, etc., despite ongoing gabapentin (Neurontin) usage. The applicant remains dependent 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 gabapentin (Neurontin). Therefore, the request was not medically necessary.