

Case Number:	CM14-0214802		
Date Assigned:	01/07/2015	Date of Injury:	09/07/2012
Decision Date:	05/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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, New York, 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 mid and low back pain reportedly associated with an industrial injury of September 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amount of physical therapy; and the apparently imposition of permanent work restrictions. In a progress note dated April 10, 2014, the applicant reported persistent complaints of low back, mid back, thigh, knee, and foot pain. Six sessions of manipulative therapy were endorsed. No discussion of medication efficacy transpired. The applicant's complete medication list was not attached. On July 7, 2014, permanent work restrictions were again renewed. Persistent complaints of neck and low back pain were evident. Once again, no discussion of medication efficacy transpired. On September 27, 2014, the applicant reported heightened complaints of low back pain. Permanent work restrictions were renewed. The attending provider suggested pursuit of a lumbar MRI to search for the source of the applicant's pathology. On December 3, 2014, unspecified medications were dispensed. The applicant reported heightened complaints of low back pain. No discussion of medication efficacy transpired. Permanent work restrictions were renewed. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve requests for Flexeril, Protonix, Voltaren, and Ultram apparently dispensed on December 3, 2014. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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 was/is using a variety of other agents, including Protonix, Tramadol, Voltaren, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of Flexeril (Cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix 20mg quantity 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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 Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file did not establish the presence of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, so as to compel introduction, selection, and/or ongoing usage of Protonix. Therefore, the request was not medically necessary.

Voltaren XR 100mg quantity 360 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Anti-inflammatory medications Page(s): 7 and 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain

syndrome reportedly present here, 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. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider suggested that the applicant's pain complaints were heightened as of December 15, 2014. Ongoing usage of Voltaren has failed to curtail the applicant's dependence on opioid agents such as Tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.

Ultram 50mg quantity 50 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use Page(s): 78-80, 93-94.

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 was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider's progress notes, including the December 15, 2014 progress note at issue, failed to contain any explicit discussion of medication efficacy and, if anything, suggested that the applicant's pain complaints were heightened (as opposed to reduce) despite ongoing Ultram (tramadol) usage. The attending provider likewise failed to outline any meaningful or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.