

Case Number:	CM14-0216661		
Date Assigned:	01/06/2015	Date of Injury:	01/23/2012
Decision Date:	08/26/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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 chronic low back pain reportedly associated with an industrial injury of January 23, 2012. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve requests for naproxen, cyclobenzaprine, Neurontin, and Protonix. The claims administrator referenced progress notes of October 30, 2014, October 9, 2014, August 11, 2014, July 24, 2014 in its determination. An RFA form of December 5, 2014 was also referenced. Protonix and cyclobenzaprine, it is incidentally noted, were denied outright, while partial approval of naproxen and Neurontin were apparently issued. On March 14, 2014, the applicant reported ongoing complaints of low back pain radiating into left leg, 5/10. The applicant was using tramadol, Norco, naproxen, Protonix, Norflex, and Neurontin as of this point in time, it was acknowledged. On December 11, 2014, the attending provider stated that the attending provider appealed the Protonix denial, stating Protonix was being employed to prevent stomach upset associated with anti-inflammatory medication usage. The attending provider stated that cyclobenzaprine is being employed for muscle spasm purposes. The attending provider did not incorporate any discussion of medication efficacy. On October 30, 2014, the applicant reported persistent complaints of low back pain radiating into left leg, 4/10. The applicant was having difficulty performing activities of daily living as basic as bending, lifting twisting, prolonged sitting, and getting in and out of cars and chairs. The applicant was given refills of Tylenol No. 3, naproxen, Prilosec, Flexeril, and Neurontin. Permanent work restrictions were endorsed. It did

not appear that the applicant was working with said limitations in place. The attending provider stated at the bottom of the report that the applicant should discontinue Tylenol with Codeine owing to some symptoms of dyspepsia apparently encountered with the same. On September 9, 2014, the applicant was given prescriptions for Norco, naproxen, Protonix, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

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, including the chronic low back pain 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. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3 and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic 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 Neurontin, Norco, Tylenol No. 3, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet, six-refill supply of 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.

Gabapentin 300mg #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section 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 effected as a result of the same. Here, however, the applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco and Tylenol No. 3. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Protonix 20mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 7, 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, 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 applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider stated that the applicant was using Prilosec (not Protonix) on October 30, 2014. The applicant was, however, described as using Protonix on an earlier office visit of September 9, 2014. No rationale for concurrent provision of two separate proton pump inhibitors was furnished by the attending provider. Therefore, the request was not medically necessary.