MAXIMUS Federal Services

Case Number:	CM14-0063832		
Date Assigned:	07/11/2014	Date of Injury:	06/22/2012
Decision Date:	01/02/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/06/2014

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, shoulder, wrist and myofascial pain syndrome reportedly associated with an industrial injury of June 22, 2012.In a Utilization Review Report dated April 3, 2014, the claims administrator approved a request for Norco, denied a request for Motrin, denied a request for Prilosec, and denied a request for Sonata.The applicant's attorney subsequently appealed.In a November 21, 2013 progress note, the applicant reported 7-8/10 shoulder, arm, and wrist and neck pain. The applicant denied any history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome, it was acknowledged. A cervical epidural steroid injection was sought. Norco, Motrin, Prilosec and Sonata were refilled. The applicant' work status was not furnished. The attending provider stated that the applicant was using medications on a daily basis, but not explicitly stated whether or not the applicant's medications were helpful.In an April 10, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to 8 to 9/10 shoulder and arm pain complaints. It was stated that the applicant was tolerating her medications well and taking them regularly. There was no further discussion of medication efficacy. Motrin, Norco, Sonata and Prilosec were 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:

Motrin 80mg #60: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, it does not appear that ongoing usage of Motrin has been successful. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of the same. The attending provider has likewise failed to outline any specific improvements in function achieved as a result of ongoing Motrin usage. The fact that the applicant remains off of work, on total temporary disability, coupled with the fact that the applicant remains dependent on opioids agents such as Norco, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request for Motrin was not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, 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, the progress notes on file did not establish the presence of any issues with reflux, heartburn and/or dyspepsia, either NSAID-induced or stand-alone. The applicant, furthermore, explicitly denied any GI issues on a comprehensive consultation of November 21, 2013 and likewise denied any GI issues on review of systems on a progress note on April 10, 2014. Therefore, it was not clear for what purpose Prilosec was being employed. Therefore, the request for Prilosec was not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sonata Medication Guide

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Sonata is indicated only for the short-term treatment of insomnia, for up to 30 days. Here, however, the applicant was described as using Sonata on office visits of April 4, 2014, and November 21, 2013, implying that the applicant was, in fact, using Sonata well beyond the FDA recommendations. The attending provider did not furnish any compelling applicant- specific rationale or medical evidence which would counter the unfavorable FDA position on long-term usage of Sonata. Therefore, the request was not medically necessary.