

Case Number:	CM15-0002177		
Date Assigned:	01/13/2015	Date of Injury:	04/06/2009
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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 pain syndrome reportedly associated with an industrial injury of April 6, 2009. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve request for tramadol, diclofenac, pantoprazole (Protonix), and naproxen. The claims administrator based many of its decisions on the fact that several of the drugs were not included or covered in ODG's formulary, which it is incidentally note, California has not adopted. The report was some 16 pages long and very difficult to follow. The claims administrator referenced a progress note of December 16, 2014 and an appeal letter of September 8, 2014 in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported 8/10 neck and back pain. The applicant was using naproxen and diclofenac cream for her neck and back pain complaints, it was suggested. The applicant posited that icing, rest, medications, and a TENS unit were attenuating her pain complaints. The applicant was status post bilateral carpal tunnel release surgery and status post earlier left shoulder rotator cuff repair surgery, it was acknowledged. The applicant's current medications reportedly included Protonix, Effexor, naproxen, baclofen, and diclofenac cream, many of which were refilled. Tramadol was apparently introduced, it was stated in one section of the note. The applicant had undergone epidural steroid injections without benefit. Permanent work restrictions were renewed, it was stated in one section of the note, while other sections of the stated that the applicant was working regular duty. The applicant stated that she was tolerating regular duty despite her pain complaints. The applicant then inquired about handicapped parking placard. In

an earlier note dated November 9, 2014, the applicant again stated that she was continuing to work regular duty and tolerate the same, despite ongoing pain complaints. The applicant denied any issues with heartburn, it was acknowledged in the review of symptoms sections of the note. Similarly, the December 3, 2014 progress note was notable for commentary that the applicant explicitly denied any issues with heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

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 topic. Page(s): 80.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. 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 working regular duty at California Pacific Medical Center, it was acknowledged on several progress notes dated November and December 2014, referenced above. The applicant did report an appropriate reduction in pain scores effected as a result of ongoing medication usage, including ongoing tramadol usage. The applicant's ability to remain active, work and perform home exercise have all reportedly been ameliorated as a result of ongoing medication consumption, the attending provider has posited. Continuing tramadol, on balance, was therefore indicated. Therefore, the request was medically necessary.

Diclofenac Sodium 1.5% 60gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac section. Page(s): 112.

Decision rationale: Conversely, the request for topical diclofenac (Voltaren) was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has not been evaluated for treatment of the spine. Here, the applicant's primary pain generators are, in fact, the lumbar and cervical spines, i.e., body parts for which topical diclofenac have not been evaluated. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tramadol, furthermore, effectively obviated the need for the topical diclofenac cream. Therefore, the request was not medically necessary.

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: Conversely, the request for pantoprazole (Protonix), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the applicant explicitly denied issues with reflux, heartburn, and/or dyspepsia in progress notes dated December 6, 2014, December 3, 2014, and November 19, 2014. Therefore, the request for pantoprazole (Protonix) was not medically necessary.

Naproxen Sodium/anaprox 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22.

Decision rationale: Finally, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, 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. Here, the applicant has demonstrated a favorable response to ongoing usage of naproxen as evinced by her successful return to and/or maintenance of regular duty work status. The applicant is deriving appropriate analgesia from the same, the attending provider has posited. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.