MAXIMUS Federal Services

Case Number:	CM15-0007257		
Date Assigned:	01/26/2015	Date of Injury:	08/19/2010
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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 August 19, 2010. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve request for Norco, Flexeril, Prilosec, and naproxen. The claims administrator referenced a progress note dated December 14, 2014 in its determination. The claims administrator noted that the applicant had undergone earlier shoulder surgery. The applicant's attorney subsequently appealed. In a progress note dated September 24, 2014, the applicant reported persistent complaints of bilateral shoulder and low back pain. The applicant was using naproxen, Prilosec, Norco, and Flexeril, it was stated. Physical therapy was endorsed. The attending provider posited that the applicant's medications were allowing the applicant to function. It was suggested that the applicant was working, admittedly through preprinted checkboxes. Multiple medications were renewed, including Norco, naproxen, Prilosec, and Flexeril. There was, however, no mention of issues with reflux, heartburn, and/or dyspepsia on this occasion. In an RFA form dated December 29, 2014, multiple medications were again renewed. In an October 22, 2014 progress note, the attending provider contended that the applicant was using Prilosec for actual symptoms of dyspepsia. Naproxen, Flexeril, and Norco were again endorsed. It was stated that the applicant was using Norco only for occasional, breakthrough, and/or severe pain. In a progress note dated December 17, 2014, it was again acknowledged that the applicant was working. It was once again reiterated that the applicant was using Prilosec for actual issues with dyspepsia. It was

stated that the applicant was working and that a heavy job at that, as a truck driver. The attending provider again stated that the applicant was using Norco relatively sparingly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg # 50: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hydrocodone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Norco, a short-acting 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 has apparently returned to and maintained successful return to work status as a truck driver; it has been acknowledged on several occasions, referenced above, throughout late 2014. The attending provider has likewise stated on multiple other occasions that the applicant is deriving appropriate analgesia with ongoing Norco usage. All of the foregoing, taken together, did make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was medically necessary.

Flexeril 10 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Conversely, the request for Flexeril 10 mg #30 was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco, naproxen, etc. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue does imply chronic, long-term, and/or daily usage of Flexeril. Such usage, however, represents treatment 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.

Prilosec 20 mg # 30: 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 Page(s): 69.

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. Here, the attending provider has established on multiple progress notes, referenced above, that the applicant was/is experiencing issues with naproxen-induced dyspepsia. Introduction, selection, and/or ongoing usage of Prilosec, a proton pump inhibitor, thus, was indicated to combat the same. Therefore, the request was medically necessary.

Naprosyn 500 mg # 60: 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 Page(s): 22.

Decision rationale: Finally, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, or 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 attending provider's progress notes have established that the applicant has demonstrated functional improvement through ongoing usage of naproxen as evinced by the applicant's successful return to regular duty work as a truck driver. The applicant, furthermore, did continue to report appropriate analgesia with ongoing naproxen usage on various dates, including on December 17, 2014. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.