

Case Number:	CM15-0007766		
Date Assigned:	01/26/2015	Date of Injury:	09/09/1988
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with a cumulative trauma at work between the dates 1986 through 1988. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve a request for Ultram, Fexmid, Plavix, and Norco. The applicant's attorney subsequently appealed. In an October 18, 2013, progress note, the applicant was given prescriptions for Fexmid, Paxil, Prilosec, Ultram, and Vicodin and several topical compounded medications. Preprinted checkboxes with no narrative commentary were employed. In an associated progress note of October 18, 2013, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of neck, shoulder, and back pain. The applicant remained off of work, on total temporary disability, on multiple office visits of 2013 and 2014. On January 24, 2014, the applicant was again placed off of work, while acupuncture and the aforementioned medications were continued. On August 1, 2014, the applicant again reported multifocal complaints of neck, low back, and shoulder pain. Acupuncture, topical compounds and aforementioned medications were renewed, while the applicant was kept off of work. No discussion of medications efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG #90: Upheld

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

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

Decision rationale: No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or 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 off of work, on total temporary disability, as noted on multiple progress notes, referenced above, despite ongoing usage of Ultram. The attending provider's handwritten progress notes contained little-to-no narrative commentary, with difficult to follow, not entirely legible, and failed to articulate any quantifiable decrements in pain or material improvements in function affected as a result of ongoing Ultram, (tramadol) usage. Therefore, the request was not medically necessary.

Fexmid 7.5 MG #120: Upheld

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

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

Decision rationale: Similarly, the request for request for Fexmid (cyclobenzaprine) was likewise 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 (Fexmid) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Ultram, Norco, Paxil, etc. Adding the cyclobenzaprine (Fexmid) to the mix is not recommended. The 120 tablet supply of Fexmid, furthermore, 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.

Paxil 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Paxil, an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that it often takes 'weeks' for antidepressants to exert their maximal effect, in this case, however, the applicant has been using Paxil for what appears to be a minimum of several years. The applicant has failed to demonstrate any significant benefits from a mental health standpoint. There was no mention of the applicant's having any obligation in mood and/or material improvements in function effected as a result of ongoing Paxil usage in the handwritten August 5, 2014 progress note. The applicant remained off of work, on total temporary disability, despite longstanding, ongoing usage of Paxil. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Paxil. Therefore, the request was not medically necessary.

Norco 10/325 MG #120: Upheld

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

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

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or 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, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The attending provider's handwritten progress notes contained no references to medication efficacy. Therefore, the request was not medically necessary.