

<b>Case Number:</b>	CM15-0008158		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 shoulder and knee pain reportedly associated with an industrial injury of August 4, 2008. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve requests for Naprosyn, omeprazole, TENS unit patches, cyclobenzaprine, and tramadol, all of which were apparently dispensed on January 2, 2015. The applicant's attorney subsequently appealed. In a progress note dated February 27, 2015, the attending provider appealed the previous denials. The applicant was, however, placed off of work, on total temporary disability. The attending provider suggested to discontinue ibuprofen and Naprosyn. The attending provider stated that omeprazole will be restarted if the applicant developed issues with dyspepsia following cessation of NSAIDs. The attending provider stated that the usage of TENS unit was beneficial in reducing the applicant's multifocal pain complaints. LidoPro cream, gabapentin, and TENS unit patches were endorsed. The applicant was asked to follow up with an otolaryngologist. An ENT consultation was also sought on this date. In an earlier note dated June 25, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of right upper extremity pain and right knee pain. The applicant was currently unemployed. The applicant was depressed and anxious, it was further noted. Ancillary complaint of tinnitus was noted. The applicant was using a cane to move about. Motrin, tramadol, cyclobenzaprine, omeprazole, Methoderm gel, and a TENS unit were endorsed while the applicant was kept off of work. The applicant was in the process of traveling to [REDACTED], it was incidentally noted. On September 4, 2014, the applicant was, once again, placed off of work,

on total temporary disability owing to multifocal complaints of neck, mid back, shoulder, hip, and low back pain. Cyclobenzaprine, omeprazole, and tramadol were endorsed on this date. Fenoprofen, omeprazole, Methoderm, and TENS unit patches were all dispensed on November 6, 2014. On December 4, 2014, fenoprofen, omeprazole, and Methoderm were refilled and dispensed. On January 2, 2015, the applicant again reported multifocal complaints of shoulder, neck, and knee pain, 6/10. The applicant was receiving both Workers Compensation Disability benefits as well as disability benefits through Social Security Disability Insurance (SSDI) and through a labor union. The applicant was using fenoprofen, tramadol, cyclobenzaprine, and omeprazole as of this point in time. The applicant did have issues with reflux, reportedly attenuated with omeprazole. Multiple medications were renewed 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:

**Naproxen 550mg, qty. 80, DOS 01/02/2015: Upheld**

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

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

**Decision rationale:** No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant reported a variety of issues with reflux, heartburn, and dyspepsia, Naprosyn-induced, on multiple office visits, referenced above. Discontinuing Naprosyn appeared to be a more appropriate option than continuing the same, in the face of the applicants continued complaints of reflux. It is further noted that the attending provider ultimately arrived at the same conclusion, electing to discontinue Naprosyn in February 2015. Therefore, the request was not medically necessary.

**Omeprazole 20MG, QTY. 60, DOS 01/02/2015: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 69.

**Decision rationale:** Conversely, the request for omeprazole, 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 inhibitors such omeprazole are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant continued to report issues with acid reflux and dyspepsia on the January 2, 2015 office visit at issue.

Continuing omeprazole was indicated on or around the date in question. Therefore, the request was medically necessary.

**TENS Patches QTY. 2. DOS 01/02/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** Conversely, the request for two TENS unit patches was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, there has been no clear or substantive evidence of an improvement in function effected as a result of previous usage of the TENS unit. The applicant was/is off of work, on total temporary disability. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on opioid agents such as tramadol. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on various other analgesic and adjuvant medications, including Flexeril, Nalfon, Naprosyn, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of the TENS unit. Therefore, the request for two TENS unit patches was not medically necessary.

**Cyclobenzaprine 7.5MG, QTY. 60, DOS 01/02/2015: Upheld**

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

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

**Decision rationale:** Similarly, the request for 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 or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Naprosyn, Nalfon, tramadol, etc. Adding cyclobenzaprine to the mix is not recommended. It is further noted that the 60-table 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.

**Tramadol 50 MG, QTY. 80, DOS 01/02/2015: 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 Page(s): 80.

**Decision rationale:** Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Mental 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, despite ongoing usage of tramadol. The attending provider has likewise failed to outline any meaningful or material improvements in function affected as a result of the same. While the attending provider did state that medication consumption was beneficial, these comments are, however, outweighed by the applicant's failure to return to work and outweighed by the attending provider's commentary on January 2, 2015 that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and driving, despite ongoing tramadol usage. Therefore, the request was not medically necessary.