MAXIMUS Federal Services

Case Number:	CM15-0008536		
Date Assigned:	01/26/2015	Date of Injury:	01/28/2014
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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 shoulder pain reportedly associated with an industrial injury of January 28, 2014. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve request for Norco, diclofenac, omeprazole and cyclobenzaprine. The claims administrator did, it is incidentally noted, furnish a partial approval of Norco, apparently for weaning purposes. The claims administrator based at least one of its decisions on ODG's formulary as opposed to based on medical necessity. The claims administrator referenced progress notes of December 3, 2014, November 12, 2014, October 24, 2014, and October 9, 2014 in its determination.The applicant's attorney subsequently appealed. On July 22, 2014, the applicant reported ongoing complaints of neck, low back, and left shoulder pain. The applicant was status post left shoulder arthroscopy. The applicant had had difficulty returning to work, it was suggested. The applicant was on naproxen, tizanidine, and Prilosec, it was acknowledged. In a handwritten note dated December 22, 2014, the applicant reported persistent complaints of low back pain. The applicant was apparently using Norco two to three times daily. The applicant was also using Flexeril, Neurontin, and diclofenac. Large portions of the progress note were difficult to follow and not entirely legible.The applicant was given a 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider seemingly suggested that the applicant had reported very little benefit with earlier treatments, including earlier physical therapy. On November 30, 2014, the applicant received an L5-S1 transforaminal epidural steroid injection. In an RFA form dated October 24,

2014, cyclobenzaprine, diclofenac, Neurontin and omeprazole were endorsed. In an appeal letter dated December 3, 2014, the attending provider apparently appealed all of the adverse utilization review determinations. In a separate work status form dated November 26, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Norco, diclofenac, omeprazole, Flexeril, and Neurontin as of an earlier progress note of October 9, 2014, at which point the applicant was, once again, placed off of work, on total temporary disability, owing to 8/10 low back pain complaints. In a narrative report of November 26, 2014, the attending provider acknowledged that the applicant's medications were only helping in reducing his pain but were not improving the applicant's range of motion or strength. The applicant was using a cane to move about and did report difficulty with bending, twisting, turning, and lifting activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting 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, it was acknowledged on several progress notes referenced above, throughout October, November, and December 2014. The applicant himself reported in November 2014 that his various treatments, including pain medications, were of limited benefit. The attending provider's December 2014 progress note suggested that the applicant was still having difficulty performing activities of daily living such as bending, twisting, and the like. All of the foregoing, taken together, did not make a compelling case for continuation of hydrocodone-acetaminophen (Norco). Therefore, the request was not medically necessary.

Diclofenac 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Anti-inflammatory Medication.

Decision rationale: Similarly, the request for diclofenac, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment of various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Ongoing usage of diclofenac has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor), was likewise 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 omeprazole (Prilosec) are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the documentation on file, including the December 22, 2014 office visit on which omeprazole was renewed, contained no references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Similarly, a November 20, 2014 progress note also contained no references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #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 topic. Page(s): 41.

Decision rationale: Finally, the request for cyclobenzaprine (Flexeril) 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 Norco, diclofenac, omeprazole, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The 30-tablet supply of cyclobenzaprine at issue, furthermore, seemingly

represents daily usage of the same, i.e., usage 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.