

Case Number:	CM15-0013100		
Date Assigned:	03/10/2015	Date of Injury:	10/10/2013
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/22/2015

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, New York, 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 October 10, 2013. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve request for Ultram (tramadol) and Naprosyn-containing cream, Prilosec, and Motrin. A January 14, 2015 RFA was referenced in the determination. The claims administrator did not seemingly cite any guidelines in its determination. The applicant's attorney subsequently appealed. In a November 25, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reportedly highly variable 6 to 10/10 multifocal complaints of neck and shoulder pain. The applicant also reported ancillary issues with anxiety and sleep disturbance. Acupuncture, a second opinion orthopedic consultation, cervical MRI imaging, Ativan, Norco, Prilosec, Motrin, and Biofreeze gel were endorsed. The applicant was not working following imposition of a rather proscriptive 25-pound lifting limitation, the attending provider acknowledged. Note was very difficult to follow, and comprised, in large part, preprinted checkboxes. Some portions of the attending provider's note stated that the applicant had unspecified GI symptoms. The applicant's response to Prilosec, however, was not detailed. On December 11, 2014 and December 18, 2014, the applicant received multiple trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60, BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram, 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, however, the applicant was/is off of work, on total temporary disability, despite ongoing Ultram usage. The applicant continued to report pain complaints in the 6 to 10/10 range, despite ongoing Ultram (tramadol) usage. The attending provider's handwritten progress notes, which comprised, in large part, preprinted checkboxes, contained little-to-no discussion of medication efficacy. The attending provider failed to outline any meaningful or material improvements in function affected as a result of the ongoing Ultram (tramadol) usage (if any). Therefore, the request was not medically necessary.

Prilosec 2mg #60 with one refill, BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for 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 inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the attending provider's progress notes and documentation did not explicitly state that the applicant was experiencing actual symptoms of reflux, heartburn, and/or dyspepsia but, rather, it was stated that the applicant was experiencing unspecified GI issues. The MTUS Guideline in ACOEM Chapter 3, page 47, further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider's handwritten documentation and preprinted checkboxes did not establish whether or not ongoing usage of Prilosec was or was not effectual for whatever role it was being employed. Therefore, the request was not medically necessary.

Motrin 800mg #60 with one refill, BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Motrin, 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 Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints 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 efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Motrin usage. Ongoing usage of Motrin has failed to curtail the applicant's present opioid agent such as Norco and/or tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

Naproxen 15% cream 240gm with one refill, BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for a Naprosyn-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support usage of topical NSAIDs for treatment of issues involving the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generators are, in fact, the cervical spine and shoulder, i.e., body parts for which there is little-to-no evidence to support usage of topical NSAIDs such as the Naprosyn-containing cream at issue. Therefore, the request was not medically necessary.