

Case Number:	CM15-0131726		
Date Assigned:	07/20/2015	Date of Injury:	07/28/2003
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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 48-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 28, 2003. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for Naprosyn, Protonix, Effexor, and Neurontin. The claims administrator referenced an RFA form received on June 16, 2015 in its determination, along with an associated office visit of June 10, 2015. The claims administrator did not incorporate any guidelines into its report rationale but did place a variety of MTUS and non-MTUS references at the bottom of its report. The non-MTUS references were seemingly cited prior to the MTUS references, it was incidentally noted. The applicant's attorney subsequently appealed. On an RFA form dated June 16, 2015, Naprosyn, Protonix, Effexor, Neurontin, topical Terocin, and an epidural injection were all sought. In an associated progress note of June 10, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs, exacerbated by sitting, standing, and negotiating stairs. The applicant was described as having a recent flare in symptoms. The applicant's pain complaints were scored as high as 8/10, the treating provider acknowledged. The applicant was given a Toradol injection in the clinic. Naprosyn, Protonix, Effexor, Neurontin, and Terocin were all prescribed. Physical therapy was endorsed. The attending provider stated that Protonix was being given for cytoprotective effect as opposed to for actual symptoms of reflux. The applicant's work status was not stated on this particular progress note. The attending provider stated that the applicant's pain complaints were diminished by medications but did not elaborate further. In a separate work status report dated June 10, 2015, the attending provider suggested that the applicant was already permanent and

stationary. In another section of the note, the attending provider checked the box stating that the applicant would return to regular duty work. The attending provider did not explicitly state whether the applicant was or was not working, however. On April 29, 2015, the applicant was again given refills of Naprosyn, Protonix, Effexor, Neurontin, and topical Terocin. It was suggested that Effexor was being prescribed for neuropathic pain complaints. The applicant was asked to continue using a lumbar support. The attending provider stated that the applicant's ability to dress and bathe himself had been ameliorated as a result of ongoing medication consumption. Once again, it was not explicitly stated whether the applicant was or was not working anywhere within the body of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg Qty 60 (refill unlisted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

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

Decision rationale: No, the request for naproxen (Anaprox), an antiinflammatory medication, was 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 Naprosyn do represent the traditional first line of treatment for 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 "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's progress note of June 10, 2015 suggested that the applicant's pain complaints were scored at 8/10, despite ongoing naproxen usage. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, and walking up and down inclines, it was reported at that point in time. Ongoing usage of naproxen failed to curtail the applicant's dependence on topical compounds such as Terocin. The attending provider failed to clearly outline the applicant's work status on progress notes of June 10, 2015, a work status report of June 10, 2015, and a progress note of April 29, 2015. The attending provider's commentary on April 29, 2015 to the effect that the applicant's ability to bathe and dress himself as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement achieved as a result of ongoing naproxen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Protonix 20 mg Qty 60 (refill unlisted): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his June 10, 2015 progress note that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (age 48), was only using one NSAID, Naprosyn, was not using NSAIDs in conjunction with corticosteroids, and had no known history of prior GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Effexor 75 mg Qty 30 (refill unlisted): 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 Venlafaxine (Effexor); Functional Restoration Approach to Chronic Pain Management Page(s): 16; 7.

Decision rationale: Similarly, the request for Effexor, an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Effexor can be employed off label for neuropathic pain, as was present here in the form of the applicant's ongoing lumbar radicular pain complaints. 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 of medication" into his choice of recommendations. Here, however, the attending provider stated on June 10, 2015 that the applicant's pain complaints were heightened, in the 8/10 range, despite ongoing Effexor usage. Ongoing usage of Effexor failed to curtail the applicant's dependence on other analgesic and adjuvant medications to include Neurontin, Naprosyn, topical Terocin, etc. The attending provider failed to clearly state whether the applicant was or was not working on progress notes of June 10, 2015 and April 29, 2015. While the attending provider did state that the applicant's medications were beneficial, these reports were, however, outweighed by the attending provider's failure to state the applicant's work status and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Effexor usage. The attending provider's commentary on April 29, 2015 to the effect that the applicant's ability to bathe and dress himself as a result of medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function achieved as a result of ongoing Effexor usage. Therefore, the request was not medically necessary.

Gabapentin 600 mg Qty 120 (refill unlisted): 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 Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Finally, the request for gabapentin, an anticonvulsant, adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not clearly reportedly on April 29, 2015 or June 10, 2015. The applicant's pain complaints were described as heightened, in the 8/10 range, on June 10, 2015. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, and negotiating inclines on that date. Ongoing usage of gabapentin failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications to include Naprosyn, Effexor, topical Terocin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing gabapentin usage. Therefore, the request was not medically necessary.