

Case Number:	CM15-0134384		
Date Assigned:	07/22/2015	Date of Injury:	04/07/2012
Decision Date:	09/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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 44-year-old who has filed a claim for chronic low back, neck, shoulder, arm, wrist, and upper extremity pain reportedly associated with an industrial injury of April 7, 2012. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for Flexeril, Tramadol, Desyrel, and Prilosec. The claims administrator did, however, approve Relafen, an epidural steroid injection, a urology consultation, and Tylenol. The claims administrator referenced a progress note and an associated RFA form of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On November 13, 2014, the applicant reported ongoing complaints of low back, knee, ankle, foot, and leg pain. The applicant had developed reflux reportedly induced because of ongoing Naprosyn usage. The applicant was nevertheless asked to continue Naprosyn. Prilosec, Flexeril, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired. On March 5, 2015, the applicant again reported multifocal complaints of knee, low back, and neck pain. The applicant was described as worsening. Naprosyn, Flexeril, and Prilosec were endorsed on this occasion. It was stated that Prilosec was being employed for cytoprotective effect in one section of the note. Another section of the note stated that the applicant had actual symptoms of reflux. The applicant's employer was unable to accommodate suggested limitations, resulting in the applicant's removal from the workplace. The applicant was receiving total temporary disability benefits, it was reported. No seeming discussion of medication efficacy transpired. On May 12, 2015, the applicant again reported

multifocal complaints of low back, left upper extremity, and bilateral lower extremity pain complaints. The applicant had received manipulative therapy over the course of the claim. The applicant had apparently declined to pursue epidural injection therapy. The applicant was on Flexeril, Tramadol, Desyrel, and Prilosec, it was reported. The applicant reported derivative complaints of psychological stress, anxiety, and insomnia associated with his chronic pain complaints. An epidural injection was proposed, along with a urology consultation. No seeming discussion of medication efficacy transpired on this date. On May 11, 2015, the applicant again received refills of Flexeril, Tramadol, Desyrel, and Prilosec. It was stated that Desyrel was being employed for insomnia while Prilosec was being employed for cytoprotective effect. No seeming discussion of medication efficacy transpired. 6-7/10 pain complaints were reported. Derivative complaints of stress, anxiety, and insomnia were reported, despite ongoing use of trazodone. The applicant's employer was unable to accommodate previously suggested limitations, resulting in the applicant's remaining off work, it was acknowledged. On June 8, 2015, Flexeril, Relafen, Tramadol, Desyrel, Tylenol, and Prilosec were prescribed. Once again, it was acknowledged that the applicant was off work, receiving Workers' Compensation indemnity benefits. Multifocal complaints of 5-8/10 pain were reported. No seeming discussion of medication efficacy transpired. Epidural steroid injection was again sought while the applicant was kept off work. On a medical-legal evaluation dated May 15, 2015, a medical-legal evaluator reported that ongoing usage of Omeprazole had not changed the applicant's symptoms of heartburn or reflux appreciably. The medical-legal evaluator stated that the applicant had experienced a "poor relief of symptoms" of reflux, despite ongoing Prilosec usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg qhs #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 (Flexeril) Page(s): 41.

Decision rationale: No, the request for Cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Desyrel, Naprosyn, etc. Addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet refill supply of Cyclobenzaprine at issue 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.

Tramadol 50mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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

Decision rationale: Similarly, 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 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 because of the same. Here, however, the applicant was off work, it was acknowledged on multiple office visits, referenced above. The applicant was receiving Workers' Compensation indemnity benefits, the treating provider acknowledged on June 8, 2015. The applicant reported pain complaints as high as 5-8/10, despite ongoing Tramadol usage. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Tramadol usage on that date or on preceding dates. Therefore, the request was not medically necessary.

Trazodone 50mg qhs pm #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 402; 47.

Decision rationale: Similarly, the request for trazodone, an atypical 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, here, however, the applicant had been seemingly using trazodone for a minimum of several months as of the date in question, June 8, 2015. The applicant continued to report issues with anxiety, shortness of breath, and insomnia, it was reported on that date. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, ongoing usage of trazodone appeared to have failed to ameliorate the applicant's issues with insomnia, i.e., the purpose for which it had seemingly been employed. Continuing the same, on balance, was not indicated. Therefore, the request was not medically necessary.

Omeprazole 20mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: Finally, 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 are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, multiple progress notes, referenced above, failed to outline whether or not ongoing usage of Omeprazole (Prilosec) had or had not attenuated issues with Naprosyn-induced reflux. A medical-legal evaluator noted on May 15, 2015 that the applicant had experienced "poor relief of symptoms" of reflux, despite ongoing Omeprazole usage. The medical-legal evaluator reported on May 15, 2015 that ongoing usage of Prilosec had failed to attenuate the applicant's symptoms of reflux appreciably. Continuing the same, on balance, was not, thus, indicated. Therefore, the request was not medically necessary.