

Case Number:	CM15-0135526		
Date Assigned:	07/23/2015	Date of Injury:	04/08/2013
Decision Date:	09/21/2015	UR Denial Date:	06/29/2015
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 42-year-old who has filed a claim for chronic elbow, wrist, hand, and forearm pain reportedly associated with an industrial injury of April 8, 2013. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for trazodone, Protonix, and naproxen apparently prescribed and/or dispensed on March 31, 2015 and/or April 28, 2015. The applicant's attorney subsequently appealed. In an August 3, 2015 appeal letter, the attending provider apparently appealed denials for tramadol, trazodone, and Protonix. An eight-page appeal letter was cited. The attending provider stated that the applicant had issues with depressive symptoms. The attending provider contended that trazodone had ameliorated the applicant's issues with sleep disturbance and promoted a more relaxed feeling. The attending provider suggested (but did not clearly state) that the applicant's mood sleep and/or sleep had been ameliorated as a result of ongoing trazodone usage. The attending provider suggested that the applicant was using Protonix for cytoprotective effect (as opposed to for actual symptoms of reflux). On April 28, 2015, the applicant reported ongoing complaints of left upper extremity pain status post left cubital release surgery of December 23, 2014. The applicant was on tramadol, Neurontin, and naproxen, it was reported. The applicant had been treated with postoperative physical therapy, it was reported. The applicant also reported issues with insomnia, it was acknowledged at this point, along with associated complaints of poor concentration, numbness, weakness, anxiety, and depression. The applicant reported issues with heartburn, suggested in the review of systems sections of the note. The applicant had a past medical history notable for both depression and hypertension, it was reported. The applicant's medication list included naproxen, Protonix, a ketamine cream,

Neurontin, tramadol, a capsaicin- containing cream, Tylenol, Neurontin, and Motrin, it was reported. Massage therapy, physical therapy, and a rather proscriptive 5-pound lifting limitation were endorsed. It did not appear that the applicant was in fact working with said 5-pound lifting limitation in place, although this was not explicitly stated. On March 31, 2015, the applicant again reported issues with poor concentration, numbness, weakness, anxiety, depression, and heartburn, it was acknowledged in the Review of Sections of the note. The applicant was using tramadol, Neurontin, naproxen, Tylenol, Protonix, and several topical agents, it was reported. The same, unchanged rather proscriptive 5-pound lifting limitation was renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The note was very difficult to follow, mingled historical issues with current issues, invoked large numbers of guideline citations, and was 16 pages long.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #90 (DOS 4/28/15): Overturned

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 Page(s): 402.

Decision rationale: Yes, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful in alleviating symptoms of depression, as were/are present here. The attending provider's August 3, 2015 appeal letter, furthermore, seemingly suggested that ongoing usage of trazodone had attenuated the applicant's symptoms of depression, anxiety, and insomnia and had, furthermore, promoted a feeling of relaxation. It did appear, thus, that ongoing usage of trazodone had, in fact, proven beneficial here. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Pantoprazole 20mg with Naproxen #60 (DOS 4/28/15): 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), Pain, Proton Pump Inhibitors.

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: Conversely, the combination request for pantoprazole with naproxen prescribed and/or dispensed on April 28, 2015 was 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 pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia, as was reportedly present here, page 69 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that cessation of the offending NSAID is an option in the treatment of the same. It was not clearly stated or clearly established here, thus, why the attending provider chose to continue prescribing naproxen as opposed to discontinuing the same, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, given the reports of dyspepsia associated with ongoing usage. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, it did not appear that ongoing issues of naproxen had proven beneficial in terms of the functional improvement parameters in MTUS 9792.20e. The same, unchanged, rather proscriptive 5-pound lifting limitation was renewed on office visits of March 31, 2015 and April 28, 2015. It did not appear that the applicant was working with said limitation in place. Ongoing usage of naproxen failed to curtail the applicant's dependence on two separate topical compounded agents, a ketamine-containing cream and a capsaicin-containing cream, it was acknowledged on April 28, 2015. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen, which, when coupled with the applicant's reports of dyspepsia associated with ongoing naproxen usage, suggested that cessation of naproxen was, in fact, a more appropriate option than continuation of the same, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Since the naproxen component of the request was not indicated, the entire request was not indicated. Therefore, the request for pantoprazole with naproxen prescribed and/or dispensed on April 28, 2015 is not medically necessary.

Naproxen 550mg #90 (DOS 3/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone.

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: Similarly, the request for naproxen, an anti-inflammatory medication, prescribed and/or dispensed on March 31, 2015 was not medically necessary, medically appropriate, or indicated here. Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant did apparently report complaints of dyspepsia and/or heartburn associated with naproxen usage, making cessation of naproxen a viable option

here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, a rather proscriptive 5-pound lifting limitation was renewed on an office visit of April 28, 2015 and March 31, 2015. It did not appear that the applicant was working with said limitations in place. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol and/or topical compounded agents such as a ketamine-containing cream and a capsaicin-containing cream. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing naproxen usage, which, coupled with the applicant's reports of dyspepsia associated with the same, suggested that cessation of naproxen usage represented a more appropriate option than continuation of the same. Therefore, the request is not medically necessary.

Pantoprazole 20mg #60 (DOS 3/31/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for pantoprazole (Protonix), 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 as Protonix are indicated to combat issues with NSAID-induced dyspepsia, as was seemingly present here on or around the date in question. The applicant did report ongoing issues with naproxen-induced heartburn; it was suggested on multiple progress notes of early 2015, referenced above. Therefore, the request is medically necessary.