MAXIMUS Federal Services

Case Number:	CM15-0136257		
Date Assigned:	07/24/2015	Date of Injury:	01/13/2012
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2012. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for Relafen, Norco, and Protonix. An RFA form of June 29, 2015 with associated progress note of June 10, 2015 and June 3, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On an August 6, 2015 appeal letter, the attending provider appealed previously denied Relafen, Norco, and Protonix. The attending provider incidentally pointed out that the claims administrator had referenced the non-MTUS ODG formulary in its determination. The attending provider stated that the applicant had developed issues with GI upset associated with Relafen usage and stated that Protonix had been effective in attenuating the same. Somewhat incongruously, the attending provider then stated, a paragraph later, that Protonix was being employed for cytoprotective effect. The attending provider stated that ongoing usage of Norco was ameliorating the applicant's ability to do his dishes and perform activities of self-care and personal hygiene. The applicant was not working, it was acknowledged. The attending provider stated that the applicant's pain scores were reduced from 8-10/10 without medications to 3-4/10 with medications. The attending provider also stated that Relafen was likewise beneficial in terms of ameliorating the applicant's ability to walk, do his dishes, and perform activities of self- care and personal hygiene as well as light shopping. In a June 10, 2015 progress note, the applicant reported ongoing complaints of low back pain aggravated by bending and lifting. The applicant was still smoking, it was acknowledged. Work restrictions

were endorsed, although it did not appear that the applicant was working with said limitations in place. The applicant's medications included Flexeril, Relafen, Neurontin, Viagra, Norco, and Protonix, it was acknowledged. On this date, it was stated that the applicant was tolerating medications without side effects in one section of the note. The applicant's GI review of systems was notable for heartburn, however, it was also reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-Relafen 500 mg Qty 90: 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 NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is to cease the offending NSAID. Here, the applicant had in fact developed issues with NSAID-induced dyspepsia, the treating provider reported both on a June 10, 2015 progress note and on an August 6, 2015 appeal letter. Discontinuing the offending NSAID, naproxen, appeared to be a more appropriate option than continuing the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, ongoing usage of Relafen did not appear to have particularly beneficial. While the attending provider stated that the applicant was deriving a subjective reduction in pain scores from 8-9/10 without medications versus 3-4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the failure of Relafen to curtail the applicant's dependence on opioid agents such as Norco, and the attending provider's commentary on June 10, 2015 that the applicant was still having difficulty performing activities of daily living as basic as bending and lifting, despite ongoing Relafen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Relafen. Therefore, the request was not medically necessary.

Hydrocodone 10/325 mg Qty 90: Upheld

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

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

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting 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 as a result of the same. Here, however, the applicant was off of work, it was acknowledged on the August 6, 2015 appeal letter. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing Norco usage, these reports, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, personal hygiene, and put away his dishes as a result of ongoing Norco consumption did not constitute evidence of a meaningful, material, or substantive improvement in function generated as a result of ongoing usage and was, moreover, outweighed by the applicant's failure to return to work and the applicant's continuing difficulty performing activities of daily living as basic as lifting and bending, per the June 10, 2015 progress note at issue. Therefore, the request was not medically necessary.

Pantoprazole-Protonix 20 mg Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 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 in the treatment of NSAID-induced dyspepsia. Here, the June 10, 2015 progress note suggested that the applicant was having issues with heartburn, Relafen-induced. An August 6, 2015 appeal letter stated that ongoing usage of Protonix had attenuated the applicant's symptoms of reflux. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.