

Case Number:	CM15-0139585		
Date Assigned:	07/29/2015	Date of Injury:	10/11/2005
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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 62-year-old who has filed a claim for chronic knee, shoulder, hip, low back, and neck pain reportedly associated with an industrial injury of November 10, 2005. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Norco, Flexeril, tramadol, diclofenac, and omeprazole. The claims administrator referenced a June 18, 2015 progress note in its determination. On an RFA form dated June 18, 2015, Flexeril, tramadol, diclofenac, and Prilosec were endorsed. In an associated handwritten progress note of the same date, June 18, 2015, the applicant's permanent work restrictions were renewed. Naproxen, Prilosec, tramadol, Norco, and Zanaflex were all endorsed through preprinted checkboxes, without any seeming discussion of medication efficacy. Ongoing complaints of low back, leg, and hip pain were reported, 8/10. In a January 13, 2015 Medical-legal Evaluation, the applicant acknowledged having received Workers' Compensation indemnity benefits for two years, permanent partial disability benefits, Social Security Disability Insurance (SSDI), and State Disability Insurance (SDI). The applicant apparently told the medical-legal evaluator that he had no intention of returning to workforce.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

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

Decision rationale: No, the request for Norco, 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 off of work, a medical-legal evaluator reported on January 13, 2015. The applicant was collecting Social Security Disability Insurance benefits it was reported on that date. The treating provider's handwritten June 18, 2015 progress note was notable for commentary to the effect that the applicant continued to report pain complaints as high as 8/10, despite ongoing medication consumption. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines, Non-sedating Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the 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, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 240-tablet supply of cyclobenzaprine at issue represents treatment well 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 is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80, 81 and 113.

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 as a result of the same. Here, the attending provider's June 18, 2015 progress note stated, through pre-printed checkboxes, that the request for tramadol in fact represented a renewal request for the same. However, it did not appear that the applicant profited previously with ongoing tramadol usage. 8/10 pain complaints were reported on that date. A medical-legal evaluator reported on January 13, 2015 that the applicant was no longer working, had no plans to return to work, and was collecting Social Security Disability Insurance (SSDI). The attending provider's June 18, 2015 progress note contained little in the way of narrative commentary and failed to outline, meaningful, material, and/or substantive improvements in function (if any) achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Diclofenac ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic low back pain Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for diclofenac, 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 diclofenac do represent the traditional first-line 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 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, the applicant remained off of work, despite ongoing diclofenac usage it was acknowledged on a Medical-legal Evaluation of January 13, 2015. 8/10 pain complaints were reported on June 18, 2015, despite ongoing diclofenac usage. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco or tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - 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 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 Prilosec (omeprazole) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the June 18, 2015 progress note in question. Therefore, the request is not medically necessary.