

Case Number:	CM15-0142062		
Date Assigned:	07/31/2015	Date of Injury:	06/09/2012
Decision Date:	09/23/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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 53-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of June 9, 2012. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for cyclobenzaprine, Motrin, tramadol, Neurontin, and Prilosec. The claims administrator referenced an RFA form received on July 6, 2015 in its determination. A June 23, 2015 progress note was also cited. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 11, 2015, a medical-legal evaluator noted that the applicant was "not working." The applicant was not able to do much recreational activities, it was reported. The applicant's lifting, sitting, standing, and walking tolerance were all diminished, it was reported. Pain complaints as high as 7-8/10 were reported. The applicant was able to perform activities of self-care and personal hygiene, it was reported but did exhibit difficulty lifting articles weighing greater than 10 pounds, it was stated. The applicant was given a 17% whole person impairment rating. The medical-legal evaluator contended that the applicant could return to work without restrictions, despite ongoing issues with shoulder and low back pain superimposed on issues with obesity. On May 26, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was given a 20-pound lifting limitation. There was no mention of whether the applicant was or was not working. The applicant's medication list included Motrin, Prilosec, Neurontin, tramadol, and cyclobenzaprine, it was reported. No seeming discussion of medication efficacy transpired on this date. On January 20, 2015, the applicant again reported ongoing complaints of low back and shoulder pain. The applicant was on Motrin, Prilosec, Elavil, and Neurontin,

it was reported on that date. The applicant was smoking a half pack a day, it was stated. The applicant explicitly denied any issues with heartburn, it was acknowledged in the GI review of systems section of the note. No seeming discussion of medication efficacy transpired on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) 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 Elavil, tramadol, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine in question 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.

Ibuprofen 800mg #60: Upheld

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

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 ibuprofen, 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 ibuprofen 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 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, a progress note of May 26, 2015 failed to incorporate any discussion of medication efficacy. It was not stated whether or not ongoing usage of ibuprofen had or had not proven effective on that date. A medical-legal evaluator, however, reported on June 11, 2015 that the applicant was not working. The

applicant continued to report pain complaints in the 6-8/10 range, despite ongoing ibuprofen consumption. The applicant was having difficulty lifting and carrying groceries weighing greater than 10 pounds, it was reported. Standing, walking, and sitting were, at times, problematic; it was noted on that date. Ongoing usage of ibuprofen 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 use of the same. Therefore, the request was not medically necessary.

Tramadol 100mg ER #60: Upheld

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

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, however, a medical-legal evaluator reported on June 11, 2015 that the applicant's pain complaints ranged from 6-9/10, despite ongoing medication consumption. The applicant was apparently having difficulty performing activities as basic as sitting, standing, and lifting articles weighing greater than 10 pounds, it was reported on that date. A clinical progress note of May 26, 2015 did not incorporate any discussion of medication efficacy. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request is not medically necessary.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Similarly, 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 was off of work. A May 26, 2015 clinical progress note failed to incorporate any discussion of medication efficacy. A medical-legal evaluation of June 11, 2015 suggested that the claimant continued to report pain complaints as high as 6-8/10, despite ongoing gabapentin usage. Activities of daily living as basic as lifting articles weighing greater than 10 pounds remained problematic, it was

reported on that date. Ongoing usage of gabapentin 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 use of gabapentin. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: 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.

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, 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, here, however, there was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above, including on May 26, 2015 and on June 20, 2015. Therefore, the request was not medically necessary.