

Case Number:	CM15-0163666		
Date Assigned:	08/31/2015	Date of Injury:	06/07/2011
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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 31-year-old who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of June 7, 2011. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for Celebrex, AcipHex, and Desyrel (trazodone) while apparently approving Neurontin, Tramadol, and Norco. The claims administrator referenced a July 14, 2015 RFA form and associated progress note of June 14, 2015 and June 11, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 14, 2015 progress note, the applicant reported ongoing complaints of wrist and forearm pain. The applicant was described as having issues with extensor carpi ulnaris tearing and/or scapholunate ligamentous issues. The applicant was still working, it was acknowledged, working between 40 and 50 hours a week, it was reported. The applicant was using for moderate-to-severe pain. The applicant was also using Celebrex, AcipHex, Neurontin, Desyrel, and Tramadol, it was reported. The attending provider contended that the applicant was using AcipHex for gastritis but made no mention of whether the applicant was personally experiencing symptoms of the same. There was no mention of the applicant's having failed non-selective NSAIDs on this date. No seeming discussion of medication efficacy transpired insofar as trazodone was concerned. The applicant was described as still smoking half a pack a day. The attending provider contended that the applicant's ability to use the injured left hand was diminished. 82 pounds of grip strength about the right hand versus 2 pounds of grip strength about the left hand reported. In a June 11, 2015 progress note, the attending provider suggested, somewhat incongruously that the applicant was not working and was receiving State Disability Insurance (SDI) benefits. No seeming discussion of medication efficacy transpired. On July 31, 2015, the attending provider acknowledged that the applicant

was off of work, was having difficulty lifting, and had last worked in July 2012. The applicant had apparently applied for disability, it was reported. The applicant was not looking for work. The attending provider contended that the applicant had issues with sleep disturbance, GI irritation, and depression on this date. Naproxen, Protonix, Neurontin, Tramadol, Norco, Effexor, trazodone, and a 4-lead TENS unit were endorsed. Once again, there was no mention of whether or not ongoing usage of trazodone had proven helpful in attenuating the applicant's issues with depression. On April 7, 2015, it was again acknowledged that the applicant was off of work. Voltaren gel and Norco were endorsed. Little-to-no seeming discussion of medication efficacy transpired. It was again stated that the applicant was having difficulty gripping and grasping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for developing GI complications with non-selective NSAIDs. 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, it was acknowledged on multiple progress notes, referenced above, including on April 7, 2015, June 11, 2015, and July 31, 2015. The applicant was in the process of applying for and/or had received disability insurance benefits, it was reported. On July 31, 2015, it was stated that the applicant was not looking for work. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco and Tramadol, it was acknowledged both on July 31, 2015 and on June 14, 2015. The applicant continued to report difficulties performing activities of daily living as basic as gripping, grasping, and lifting, it was reported on multiple occasions. 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 was not medically necessary.

AcipHex 20mg, #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: Similarly, the request for AcipHex, 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 AcipHex are indicated in the treatment of NSAID-induced dyspepsia, 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, multiple progress notes, referenced above, including that of June 14, 2015, failed to clearly state whether or not ongoing usage of AcipHex had or had not effectively curtailed issues with reflux, heartburn, and/or dyspepsia. The attending provider did not state whether or not ongoing usage of AcipHex had or had not proven beneficial here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider seemingly proposed AcipHex, one proton pump inhibitor, on various dates, including on August 31, 2015 and, on other dates, including on July 31, 2015, endorsed Protonix, a second proton pump inhibitor. A clear or compelling rationale for concomitant usage of two proton pump inhibitors was not, in short, furnished. The attending provider did not, furthermore, clearly state whether or not ongoing usage of AcipHex had or had not proven effective in attenuating issues with reflux. Therefore, the request was not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

Decision rationale: Finally, the request for trazodone, an atypical antidepressant, was 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 such as trazodone to exert their effect. Here, however, the applicant had been using trazodone for a minimum of several months. The attending provider failed to outline whether or ongoing usage of trazodone had or had not proven beneficial. The applicant reported residual complaints of sleep disturbance and depression on an office visit of July 31, 2015. The applicant was not looking for work, it was suggested on that date, suggesting that the applicant remained depressed. The applicant had gained 15 pounds, it was further noted. The attending provider, in short, failed to outline evidence of an augmentation in mood and/or evidence in functional improvement in terms of the parameters established in MTUS 9792.20e with ongoing trazodone usage. Therefore, the request was not medically necessary.