

Case Number:	CM15-0166658		
Date Assigned:	09/04/2015	Date of Injury:	03/23/2010
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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 [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, neck, and upper extremity pain reportedly associated with an industrial injury of March 23, 2010. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for Norco, naproxen, and Protonix. The claims administrator referenced a July 31, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 28, 2015, the applicant reported multifocal complaints of arm, neck, shoulder, elbow, low back, hip, and leg pain. The applicant was given various diagnoses, including that of adhesive capsulitis, radial styloid tenosynovitis, carpal tunnel syndrome, and complex regional pain syndrome. The applicant was asked to continue current treatments and medications while remaining off work. No seeming discussion of medication efficacy transpired. On July 31, 2015, Norco, naproxen, Neurontin, and Protonix were endorsed while the applicant was placed off work, on total temporary disability. Multifocal complaints of neck, arm, leg, and low back pain were reported, burning. The applicant reported difficulty gripping and grasping. Average pain scores in the 9/10 range were reported. The applicant's overall functioning, mood, and sleep were all worsened, the treating provider acknowledged. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 because of the same. Here, however, the applicant was off work, on total temporary disability, it was reported on July 31, 2015 and August 28, 2015. The applicant was described as worsened on August 28, 2015. Pain complaints as high as 9/10 were reported on July 31, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.

1 prescription of Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for naproxen, 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 naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, per a progress note of July 31, 2015. 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, on total temporary disability, it was reported on both July 31, 2015 and August 28, 2015. Pain complaints of 9/10 were reported on both dates. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco. 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.

1 prescription of Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for Protonix, a proton pump inhibitor, 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 Protonix are indicated in the treatment of NSAID-induced dyspepsia. Here however, progress notes of August 28, 2015 and July 31, 2015 made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.