

Case Number:	CM15-0185062		
Date Assigned:	09/25/2015	Date of Injury:	03/26/2012
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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 mid and low back pain reportedly associated with an industrial injury of March 26, 2012. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for Norco, Prilosec, and Flexeril. The claims administrator referenced an RFA form received on September 2, 2015 and an associated progress note of August 21, 2015 in its determination. The applicant's attorney subsequently appealed. On September 22, 2015, the applicant reported 6-8/10 pain complaints. Activities of daily living as basic as lifting, pushing, pulling, carrying, sitting, turning, twisting, and bending all remained problematic, it was reported. The applicant reported difficulty getting up out of bed. The applicant stated that she was spending much of her time in bed on a day-to-day basis. Limited range of motion was noted in the clinic. Norco, Prilosec, and Flexeril were seemingly endorsed, without any discussion of medication of efficacy. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. On August 21, 2015, the applicant was placed off of work, on total temporary disability. 6-8/10 pain complaint was reported. The applicant reported difficulty getting up out of bed, lifting, carrying, pushing, pulling, turning, twisting, and bending. Once again, there was no seeming discussion of medication efficacy. Norco, Prilosec, Motrin, and Flexeril were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: 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 as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the August 21, 2015 progress note at issue. Pain complaints as high as 6-8/10 were reported on that date. Activities of daily living as basic as lifting, carrying, pushing, and pulling remained problematic, the treating provider reported on that date. The applicant was spending much of her time in bed, it was acknowledged on that date. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Prilosec 20 MG #60: 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: Similarly, the request for 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 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 the August 21, 2015 office visit at issue. Therefore, the request was not medically necessary.

Flexeril 10 MG #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended". Here, the applicant was, in fact, using a variety of other agents, including Norco, Motrin, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represented 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.