

Case Number:	CM15-0189684		
Date Assigned:	10/01/2015	Date of Injury:	04/15/2015
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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 51-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of April 15, 2015. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Protonix, Flexeril, and oral Voltaren. The claims administrator referenced a July 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 22, 2015 office visit, the applicant was placed off of work, on total temporary disability. Ongoing complaints of shoulder pain, severe, with associated depression, anxiety, and irritability were reported. Physical therapy, electrodiagnostic testing of bilateral upper extremities, MRI imaging of the shoulders, acupuncture, an orthopedic shoulder surgeon consultation, and a medication management refill were endorsed while the applicant was kept off of work. No seeming discussion of medication selection or medication efficacy transpired. On June 16, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of elbow and shoulder pain with derivative complaints of depression, anxiety, and psychological stress. An interferential stimulator device and acupuncture were endorsed on this date. On a separate note seemingly dated June 16, 2015, the applicant reported 7/10 shoulder pain complaint exacerbated by lifting, reaching, gripping, grasping, pushing, and pulling. Protonix, Voltaren, Flexeril, and several topical compounded agents were prescribed and/or dispensed while the applicant was kept off of work. No seeming discussion of medication efficacy transpired. On July 22, 2015, 7/10 shoulder pain complaints were noted with derivative complaints of depression and psychological stress. The applicant reported difficulty lifting, pushing, pulling, and reaching

overhead. Protonix, Voltaren, Flexeril, and several topical compounds were dispensed. Drug testing was performed. The applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg/tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, 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, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, as of the date in question, July 22, 2015. Therefore, the request was not medically necessary.

Voltaren 100mg/tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Voltaren, 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 Voltaren do represent the traditional first-line treatment for various chronic pain conditions, 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 July 22, 2015. 7/10 pain complaints were noted. The applicant reported difficulty performing activities of daily living as basic as gripping, grasping, and lifting. Ongoing usage of oral Voltaren seemingly failed to curtail the applicant's dependence on either topical compounds or 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 usage of the same. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg/tab #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Finally, the request for cyclobenzaprine (Flexeril) 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 Voltaren, topical compounds, tramadol, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 90-tablet supply of cyclobenzaprine at issue, moreover, 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.