

Case Number:	CM15-0192730		
Date Assigned:	10/06/2015	Date of Injury:	11/07/2006
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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 56-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of November 7, 2006. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for Norco, Naprosyn, and Prilosec. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 17, 2015 office visit, the applicant reported ongoing complaints of neck, low back, knee, shoulder, and lower extremity pain. The note was handwritten, difficult to follow, and not altogether legible. The applicant's medication list included Norco, Naprosyn, and Prilosec, it was stated. The note comprised, in large parts, of preprinted checkboxes. Permanent work restrictions were renewed. The applicant was not working with said limitations in place, it was acknowledged through preprinted checkboxes. No seeming discussion of medication efficacy transpired. Pain complaints in the 8/10 range were reported. In a separate work status report dated August 17, 2015, the applicant was placed off work, on total temporary disability, for six weeks. While the portions of the attending provider's August 17, 2015 office visit stated that Norco represented a first-time request, the applicant was apparently asked to discontinue Norco on a historical progress note dated September 8, 2015, also handwritten and somewhat difficult to follow. The attending provider stated, through preprinted checkboxes, the applicant had a history of gastritis, but made no mention of whether or not ongoing usage of omeprazole had proven effective in ameliorating or attenuating the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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: No, the request for Naprosyn, an anti-inflammatory medication, was 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 Naprosyn do represent the traditional first-line treatment for various chronic pain complaints, 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, the applicant reported ongoing complaints of pain in the 8/10 range, despite ongoing usage of Naprosyn. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco and 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.

Norco 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: Similarly, the request for Norco, a short-acting 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, the applicant was off work, on total temporary disability, as stated on a work status report on August 17, 2015. A separate progress note dated August 17, 2015 stated that the applicant was not working following the imposition of permanent work restrictions. In either case, it did not appear that applicant was working. Pain complaints as high as 8/10 were reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function achieved as result of ongoing opioid usage. Therefore, the request for Norco was not medically necessary.

Prilosec 20mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, 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, this recommendation is, however, qualified by commentary made 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, while the attending provider stated, through preprinted checkboxes, on August 17, 2015, the applicant had issues with gastritis, there is no mention of whether or not ongoing usage of omeprazole (Prilosec) had or had not proven effective in ameliorating the same. Therefore, the request was not medically necessary.