MAXIMUS Federal Services

Case Number:	CM15-0196792		
Date Assigned:	10/12/2015	Date of Injury:	04/06/2014
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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 low back pain (LBP) reportedly associated with an industrial injury of April 6, 2014. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Flexeril, Naprosyn, and Protonix. An August 24, 2015 date of service was referenced in the determination. The applicant’s attorney subsequently appealed. On said August 24, 2015 office visit, the applicant reported ongoing complaints of knee pain status post knee arthroscopy, with ancillary complaints of low back pain. The applicant's medication list included Norco, tramadol, Naprosyn, and Flexeril, several of which were dispensed, renewed, and/or continued. The applicant had been off of work for several months, the treating provider reported. The applicant had developed derivative complaints of depression, the treating provider reported through preprinted checkboxes. The attending provider contented that the applicant's medications were attenuating the applicant's pain complaints and ameliorating the applicant's ability to perform household duties such as grooming, cooking, and food preparation in unspecified amounts. The attending provider suggested that the applicant was using Protonix for cytoprotective effect (as opposed to for actual symptoms of reflux).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sodium 500mg #90 (DOS: 08/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 the anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, 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 its choice of recommendations. Here, however, the applicant was off of work, the treating provider reported on August 24, 2015. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol, the treating provider reported. 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.

Retrospective request for Pantoprazole 20mg #90 (DOS: 08/24/15): 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): Introduction.

Decision rationale: Similarly, the request for Protonix (pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated on August 24, 2015 that Protonix was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix, which include evidence that an applicant is aged 65 years of age or greater and using NSAIDs, evidence that an applicant is using multiple NSAIDs, evidence that an applicant is using NSAIDs in conjunction with corticosteroids, evidence that an applicant has a prior history of GI bleeding or peptic ulcer disease, etc. Here, however, the applicant was only 37 years of age and seemingly only using one NSAID, Naprosyn. There is no seeming mention that the applicant is using corticosteroids in conjunction with Naprosyn. There was no mention of the applicant's having had historical issues with GI bleeding and/or peptic ulcer disease. The applicant did not, thus, seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of Pantoprazole (Protonix), a proton pump inhibitor, for cytoprotective effect purposes. Therefore, the request was not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 08/24/15): Upheld

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

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

Decision rationale: Finally, the request for 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 to include Naprosyn, Norco, tramadol, etc., the treating provider reported on August 24, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet supply of cyclobenzaprine 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.