

Case Number:	CM15-0205454		
Date Assigned:	10/22/2015	Date of Injury:	02/15/2011
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 57-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of February 15, 2011. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Protonix, Fexmid, and tramadol. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported ongoing complains of shoulder and knee pain, 7/10. Diclofenac, cyclobenzaprine, tramadol, Protonix, and Norco were endorsed. The applicant was given rather proscriptive 10-pound lifting limitation, which the treating provider suggested the applicant's employer was unable to accommodate. 7/10 pain complaints were reported. Little-to-no seeming discussion of medication efficacy transpired. Twelve sessions of physical therapy were endorsed. The attending provider suggested the Protonix was being employed 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:

Protonix 20mg #60: 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 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. The attending provider stated on August 26, 2015 that Protonix was being employed for cytoprotective effect purposes (as opposed to for actual symptoms of reflux). However, the applicant failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors, which include the usage of NSAIDs in applicants over 65 years of age, usage of multiple NSAIDs, a history of GI bleeding, and/or a history of peptic ulcer disease. Here, however, the applicant was only using one NSAID, diclofenac, it was stated on August 26, 2015. The applicant was reportedly 57 years old (less than 65). There was no mention of the applicant's having issues with GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Similarly, the request for Fexmid (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 tramadol, diclofenac, Norco, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Fexmid (cyclobenzaprine) at issue, in and of itself, 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 is not medically necessary.

Tramadol HCl ER 150mg #30: Upheld

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

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

Decision rationale: Finally, the request for tramadol, a synthetic 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's work status was not clearly reported on the August 27, 2015 office visit at issue, although it was suggested that the applicant was not working with a rather proscriptive 10-pound lifting limitation in place on that date. Pain complaints as high as 7/10 were noted. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.