

Case Number:	CM15-0025390		
Date Assigned:	02/17/2015	Date of Injury:	04/13/2007
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 38 year old male with an industrial injury dated 04/13/2007. His diagnoses include pain in joint -lower leg, major depression-recurrent episode, and chronic pain syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, acupuncture, right knee injections, cognitive behavioral therapy, electrical stimulation of the muscles, bio-feedback, and functional restoration program. In a progress note dated 01/08/2015, the treating physician reports bilateral knee pain despite multiple surgeries and depression with suicidal thoughts. The objective examination revealed no outward evidence of suicidal ideation or plan, normal gait, no abnormalities in the upper or lower extremities, and no tenderness or edema in any extremity. The treating physician is requesting multiple medications which were denied by the utilization review. On 02/03/2015, Utilization Review non-certified a prescription for retrospective Capsaicin 0.075% cream, noting that the documentation does not reflect that the injured worker has failed the first-line recommendations such as antidepressants and anticonvulsant medications. The MTUS Guidelines were cited. On 02/03/2015, Utilization Review non-certified a prescription for retrospective Fluoxetine-Prozac 20mg #30, noting the lack of documented objective functional improvement from this medication. The MTUS Guidelines were cited. On 02/03/2015, Utilization Review non-certified a prescription for retrospective tramadol/APAP 37.5/325mg #90, noting the lack of documented objective functional improvement from this medication. The MTUS Guidelines were cited. On 02/03/2015, Utilization Review non-certified a prescription for retrospective Pantoprazole-protonix 20mg #60, noting the non-certification of

naproxen-anaprox DS. The MTUS ACOEM ODG Guidelines were cited. On 02/03/2015, Utilization Review non-certified a prescription for retrospective naproxen-anaprox DS 550mg #90, noting the lack of documented objective functional improvement from this medication. The MTUS Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of the retrospective request for Capsaicin 0.075% cream, Fluoxetine-Prozac 20mg #30, tramadol/APAP 37.5/325mg #90, Pantoprazole-protonix 20mg #60, and naproxen-anaprox DS 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13-16, 107.

Decision rationale: The California MTUS guidelines recommend the usage of topical capsaicin for individuals who are intolerant or have not responded to other medications. The progress note dated January 8, 2015 does not include specific documentation that the injured employee has not responded to other oral medications or treatments and there is a concurrent request for additional oral medications at this time. As such, this request for topical capsaicin is not medically necessary.

Fluoxetine-prozac 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 112, 113.

Decision rationale: The California MTUS does endorse the use of SSRI medications such as Prozac for the treatment of chronic pain as well as depression, and the note dated March 2, 2015 does indicate symptoms of depression and benefit with the usage of fluoxetine. As such, this request for fluoxetine is medically necessary.

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 93, 94.

Decision rationale: Tramadol/APAP is an opioid medication. The California MTUS guidelines recommends ongoing usage of opioid medications to be justified by documentation of objective pain relief and increased ability to perform activities of daily living as well as comments regarding side effects and aberrant behavior. The attached medical record to include the appeal letter dated March 2, 2015 does not document an objective decrease in pain and ability to function with the usage of this medication nor is there any discussion regarding potential aberrant behavior. As such, this request for tramadol/APAP is not medically necessary.

Pantoprazole-protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs
Page(s): 68, 69.

Decision rationale: As the accompanying request for the usage of naproxen has been determined to be medically necessary and the injured employee does have complaints of gastric upset which were stated to be relieved with the usage of pantoprazole, this request for pantoprazole is medically necessary.

Naproxen-anaprox DS 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 22, 67.

Decision rationale: Anti-inflammatory medications such as naproxen are the traditional first-line treatment medication for musculoskeletal pain to increase activity and functional restoration. There is MTUS support in the treatment of back pain and OA. Considering the injured employees diagnosis and current symptoms, this request for naproxen is medically necessary. I respectfully disagree with the UR physician's assertion that the MTUS requires documentation of efficacy.