

Case Number:	CM15-0215370		
Date Assigned:	11/05/2015	Date of Injury:	07/30/1999
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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] employee who has filed a claim for chronic low pain and shoulder pain reportedly associated with an industrial injury of July 30, 1999. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for Fexmid, Prilosec, and tramadol. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back and shoulder pain. Norco, Fexmid, Prilosec, and tramadol were all renewed while the applicant was kept off of work. The applicant was asked to consult a shoulder replacement specialist. Fexmid, Prilosec, tramadol, and Norco were, once again, seemingly renewed without much discussion of medication efficacy. On October 29, 2015, the applicant was again placed off of work, on total temporary disability, while multiple medications, including Fexmid, Prilosec, tramadol, and Norco were seemingly renewed and/or continued. The treating provider stated that the applicant's medications were helpful in reducing the applicant's complaints but did not elaborate further. Once again, the applicant was kept off of work. An orthopedic shoulder surgery consultation was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS RFA: 9.28.15 Fexmid 7.5mg #120: 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: No, the request for Fexmid (cyclobenzaprine) was 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 (Fexmid) to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents to include Norco and tramadol. The addition of cyclobenzaprine or Fexmid to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 120-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 was not medically necessary.

Retro DOS RFA: 9.28.15 Prilosec 20mg #90: 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: Similarly, 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, here, however, multiple office visits, referenced above, including an October 29, 2015 office visit made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Retro DOS RFA: 9.28.15 Ultram ER 150mg #90: Upheld

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

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

Decision rationale: Finally, the request for Ultram, 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 was placed off of work, on total temporary disability, on multiple dates of service, referenced above. The treating provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.