

Case Number:	CM15-0043098		
Date Assigned:	03/13/2015	Date of Injury:	12/03/2013
Decision Date:	07/28/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/06/2015

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 represented 58-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 3, 2013. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve requests for Tylenol, Fexmid, and Protonix. The claims administrator referenced a February 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated February 18, 2015, difficulty to follow, not entirely legible, somewhat blurred as a result of repetitive photocopying, and faxing, the applicant reported ongoing complaints of low back pain, sharp. The applicant was placed off of work, on total temporary disability, for six weeks, while Tylenol #3 300-30, Fexmid and Protonix were renewed. No discussion of medication efficacy transpired. The applicant was asked to start six sessions of acupuncture. The note comprised, in large part, of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 330mg/tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed, McGraw Hill, 2010. Physician's Desk Reference, 68th ed, www.RxList.com, Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, ww.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: The request for Tylenol #3, 300-30, a short-acting opioid, was 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 of work, on total temporary disability, as of the date in question, February 18, 2015. The applicant reported sharp pain complaints on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as result of ongoing Tylenol #3 usage. Therefore, the request was not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2010. Physician's Desk Reference, 68th ed, www.RxList.com, Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, ww.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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, addition of cyclobenzaprine or Fexmid to other agents is not recommended. Here, the applicant was, in fact, using other agents, including Tylenol No. 3. Adding cyclobenzaprine (Fexmid) to the mix was not recommended. It is further noted that the 60-tablet supply of Fexmid at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2010. Physician's Desk Reference, 68th ed, www.RxList.com, Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, ww.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 460.

Decision rationale: Finally, the request for Protonix, 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 Protonix are indicated in treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone in handwritten February 18, 2015 progress note in question. Therefore, the request was not medically necessary.