

Case Number:	CM15-0052573		
Date Assigned:	03/26/2015	Date of Injury:	12/17/2011
Decision Date:	07/02/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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 42-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 17, 2011. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for Norco, Protonix, Voltaren gel, and Flexeril. The claims administrator referenced a February 2, 2015 order form in its determination. The applicant's attorney subsequently appealed. On December 20, 2014, Norco, Voltaren gel, Flexeril, tramadol extended release, Protonix, and Nalfon were renewed. The applicant was not working, it was reported on that that. The applicant reported issues with pain exacerbated by cold weather and superimposed issues with psychological stress. Multifocal complaints of neck and shoulder pain were reported. The attending provider noted that various activities, including reaching, rotating, and twisting, remained problematic. On January 12, 2015, the applicant again reported ongoing complaints of neck and shoulder pain. It was stated that the applicant was trying to return to work but was not currently working. The attending provider stated that he is unwilling to return the applicant to work until such time as the applicant's medical-legal evaluator released her to return to work. It was suggested that the applicant was using Protonix for gastric protective effective as opposed to for actual symptoms of reflux. Norco, Voltaren gel, Flexeril, tramadol, Protonix, and Nalfon were renewed and/or continued. The applicant was not working, it was reiterated. Little-to-no discussion of medication efficacy transpired. On February 2, 2015, the applicant again reported constant pain. It was stated that the applicant was hoping to return to work once her job was made available to her. The attending provider stated that the applicant's medications were

beneficial but did not elaborate further. It was stated that the applicant had been off of work for a number of years. The attending provider renewed and/or continued Norco, Voltaren, Flexeril, tramadol, and Protonix without much discussion of medication efficacy. Somewhat incongruously, the applicant was placed off of work toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent 100 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and shoulder, i.e., body parts for which topical Voltaren has not been evaluated. Here, the attending provider failed to furnish a compelling applicant-specific rationale for selection, introduction, and/or ongoing usage of this particular agent in the face of the unfavorable MTUS position on the same for the body parts in question. Therefore, the request was not medically necessary.

Protonix 20 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Protonix was being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (age 42), was only using one oral NSAID, Nalfon, was not using NSAIDs in conjunction with corticosteroids, and did not have a known history of peptic ulcer disease or GI bleeding. Prophylactic usage of Protonix, thus, was not indicated here. Therefore, the request was not medically necessary.

Norco 10/325 MG Qty 120: Upheld

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

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

Decision rationale: Similarly, the request for Norco, a short-acting 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. In this case, however, the applicant is off of work. Here, however, the applicant was off of work, it was suggested above. The applicant had not worked in a number of years, it was reported on February 2, 2015. The applicant was still having difficulty performing activities of daily living as basic as twisting, reaching, and rotating, it was reported on January 12, 2015. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Flexeril 7.5 MG Qty 60: Upheld

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

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

Decision rationale: Finally, the request for Flexeril (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 not recommended. Here, the applicant was using a variety of other agents, including Nalfon, Voltaren gel, Norco, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine represents treatment in excess of the brief 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.