MAXIMUS Federal Services

Case Number:	CM15-0056345		
Date Assigned:	04/01/2015	Date of Injury:	07/03/2013
Decision Date:	07/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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 63-year-old who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of July 3, 2013. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve requests for Tramadol, Naprosyn, Protonix, and Flexeril. A January 6, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of shoulder pain, 7/10. The attending provider suggested that the applicant's ability to perform activities of self-care and personal hygiene such as taking out his trash, bathing, and grooming himself have been ameliorated as a result of ongoing medication consumption. Tramadol, Flexeril, physical therapy, Naprosyn, and Protonix were prescribed and/or dispensed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider stated the applicant's pain scores were reduced by 3 points as a result of ongoing medication consumption. The attending provider seemingly suggested (but did not clearly state) that Protonix was being employed for gastric protective effect as opposed to for combating active symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

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

Decision rationale: No, the request for Tramadol, a synthetic 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 did not appear to be working with permanent restrictions in place. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work, the fact that permanent work restrictions were renewed, unchanged, from visit to visit, and the fact that the attending provider failed to outline meaningful or material improvements in function (if any) as a result of ongoing Tramadol usage. The attending provider's commentary to the fact that the applicant's ability to perform activities of self-care and personal hygiene such as taking out the trash, bathing, and grooming as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or significant improvement in function effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work. Permanent work restrictions were renewed, unchanged, from visit to visit. Ongoing usage of Naprosyn had failed to curtail the applicant's dependence on opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 66-69.

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 (pantoprazole), a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's documentation seemingly suggested that Protonix is being employed for gastric protective effect as opposed to active symptoms of reflux. Here, however, the applicant did not meet criteria set forth on page 68 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 62), only using one NSAID, Naprosyn, was not using multiple NSAIDs, was not using NSAID in conjunction with corticosteroids and did not have a known history of peptic ulcer disease or prior GI bleeding. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: Finally, the request for 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 (Flexeril) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Naprosyn, Tramadol, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of Cyclobenzaprine at issue represents 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.