MAXIMUS Federal Services

Case Number:	CM15-0083304		
Date Assigned:	05/05/2015	Date of Injury:	06/30/2012
Decision Date:	07/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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 68-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 30, 2012. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve requests for cyclobenzaprine, naproxen, Protonix, and tramadol. A RFA form received on April 10, 2015 and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 10, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The attending provider stated that the applicant's issues with depression had subsided as of this date. The applicant was not working, it was acknowledged. Twelve sessions of chiropractic manipulative therapy, Flexeril, naproxen, Protonix, and tramadol were also endorsed while the applicant was kept off of work. The attending provider stated that the applicant's pain scores were reduced from 5-6/10 without medications to 3/10 with medications. The attending provider then stated that rotating, reaching, pushing, pulling, and lifting remained problematic. It was stated toward the bottom of the report that Protonix was being given for upset stomach; however, the attending provider did not allude to the applicant's having issues with dyspepsia anywhere in the body of the report.On March 12, 2015, the applicant again reported ongoing complaints of neck and shoulder pain. Flexeril, tramadol, Nalfon, Protonix, and manipulative therapy were endorsed. The applicant was not working. MRI imaging of the neck and electrodiagnostic of the bilateral upper extremities were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) 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 or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, naproxen, Nalfon, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-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.

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: Conversely, the request for pantoprazole (Protonix), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for adverse gastrointestinal events include those individuals who are using multiple NSAIDs. Here, the applicant did appear to be using multiple NSAIDs. The attending provider gave the applicant a prescription for naproxen on April 10, 2015, after having previously given the applicant a prescription for Nalfon on March 12, 2015. Prophylactic usage of Protonix, thus, was indicated, given the applicant's concurrent usage of multiple NSAIDs. Therefore, the request was medically necessary.

Tramadol 150mg #30: 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: Conversely, 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 was off of work, it was acknowledged on both March 12, 2015 and on April 10, 2015. While the attending provider did recount some reported reduction in pain scores from 5-6/10 without medications to 3/10 with medications on April 10, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's continued reports that the applicant was having difficulty performing activities of daily living as basic as pushing, pulling, lifting, and reaching overhead, despite ongoing tramadol consumption. Therefore, the request was not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not clearly state why the applicant had seemingly been given concurrent prescriptions for two separate anti-inflammatory medications, namely naproxen and Nalfon (fenoprofen). The applicant was given a prescription on April 10, 2015, i.e., a month after the applicant had earlier received a prescription for Nalfon on March 12, 2015. It was not clearly stated that whether the attending provider intended for the applicant to use the two NSAID medications concurrently. The attending provider's April 10, 2015 progress note did not explicitly state that he had discontinued one NSAID in favor of the other. Therefore, the request was not medically necessary.