

Case Number:	CM15-0084353		
Date Assigned:	05/06/2015	Date of Injury:	02/06/2001
Decision Date:	07/07/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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 47-year-old [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of February 6, 2001. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for Norflex, Protonix, Norco, and a ketamine-containing cream apparently prescribed and/or dispensed on or around March 20, 2015. The applicant's attorney subsequently appealed. In an appeal letter dated April 7, 2015, the attending provider appealed several previously denied medications in a highly templated fashion. The applicant was using Norco at a rate of six tablets a day, it was suggested. The applicant was also using Soma and Norflex, it was suggested. It was stated that Soma was ameliorating the applicant's cramps. The applicant was also using Protonix for alleged issues with reflux. The applicant's work status was not explicitly stated on this occasion. On January 20, 2015, the applicant reported ongoing complaints of ankle and foot pain. The applicant was using Norco at a rate of six tablets a day, it was suggested in one section of the note. It was stated that the applicant was working on a full-time basis. The applicant's medications included Relafen, Norco, Protonix, and Flexeril, it was stated in yet another section of the note. Toward the bottom of the report, ketamine, Soma, Protonix, and Norco were endorsed. The applicant's permanent work restrictions were renewed. The attending provider stated toward the bottom of the report that the applicant was continuing to work on a full-time basis. Portions of the progress note were difficult to follow as it mingled historical issues with current issues. On March 20, 2015, the applicant reported ongoing complaints of foot and ankle pain with some associated cramping. The attending provider again reiterated that the applicant's analgesic medications were attenuating her pain complaints and

allowing her to work on a full-time basis. Norflex, Protonix, Norco, and ketamine were apparently renewed. The applicant had undergone earlier ankle surgery in 2012, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex 100mg #90 DOS: 3.20.15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

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

Decision rationale: No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbation of chronic low back pain, here, however, the applicant's primary pain generators were the foot and ankle.

The 90-tablet supply of Norflex at issue, furthermore, represents treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Pantoprazole-Protonix 20mg #60 DOS: 3.20.15: Upheld

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

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

Decision rationale: Similarly, the request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his April 7, 2015 appeal letter that Protonix was intended for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton inhibitors. Namely, the applicant was less than 65 years of age (age 47), per the attending provider's appeal letter of April 7, 2015, was only apparently using one NSAID, Relafen, was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and did not have a known, established history of peptic ulcer disease, and/or GI bleeding. Therefore, the request was not medically necessary.

Hydrocodone-APAP 10/325mg #180 DOS: 3.20.15: Overturned

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

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

Decision rationale: Conversely, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had apparently returned to full-time work, the treating provider reported on various occasions, including on March 20, 2015 and was, furthermore, deriving appropriate analgesia from ongoing Norco usage, it was explicitly stated on several occasions. Continued usage of the same, thus, was indicated. Therefore, the request was medically necessary.

Ketamine 5% 60gr DOS: 3.20.15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: Finally, the request for a ketamine-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study" and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco and Relafen, effectively obviated the need for the ketamine cream at issue. Therefore, the request was not medically necessary.