

Case Number:	CM14-0009480		
Date Assigned:	02/14/2014	Date of Injury:	12/11/2009
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic left shoulder pain and derivative depression reportedly associated with an industrial injury of December 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; proton pump inhibitors; psychological counseling; and reported return to work. In a Utilization Review Report dated January 13, 2014, the claims administrator apparently approved request for Naprosyn, Ultram, and Norco while denying a separate request for Norco, Flexeril, Protonix, and Effexor. It was stated that only a limited supply of Norco should be furnished as there was no evidence that how the applicant would respond to Norco in the future. Effexor was similarly denied on the grounds that there was no mention of how the applicant would respond to future usage of the same. Protonix was denied on the grounds that the applicant did not reportedly have evidence of GERD, per the claims administrator. The applicant's attorney subsequently appealed. A December 31, 2013 progress note was notable for comments that the applicant was doing full-time office work. The applicant was having ongoing issues with depression and using Effexor, an antidepressant for the same, it was suggested. Protonix was apparently prescribed to treat stomach upset from taking medications. Norco was reportedly renewed. It was stated that Norco was diminishing the applicant's pain levels from 10/10 to 5/10 and improving her ability to reach overhead. Additional physical therapy was sought. Diagnoses listed included cervical sprain with radiculitis, impingement syndrome of the shoulder status post shoulder surgery, elements of depression, hypertension, and gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG (PROSPECTIVE FOR NEXT VISIT), #60:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (HYDROCODONE/ACETAMINOPHEN), 91

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

Decision rationale: 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 function, and/or reduced pain achieved as a result of the same. In this case, the applicant has seemingly met these criteria. The applicant's pain scores have dropped from 10/10 to 5/10 with ongoing Norco usage. The applicant has returned to work. The applicant's ability to reach overhead is reportedly ameliorated with ongoing Norco. Continuing the same, on balance, is therefore indicated and medically necessary.

PRESCRIPTION OF FLEXERIL 7.5MG (PROSPECTIVE FOR NEXT VISIT), #60:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NON-SEDATING MUSCLE RELAXANTS, 41, 64

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary

PRESCRIPTION OF PROTONIX 20GM (PROSPECTIVE FOR NEXT VISIT), #60:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk to.

Decision rationale: The documentation on file on this issue, while sparse, does establish the presence of medication-induced dyspepsia/NSAID-induced dyspepsia. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of the same. Therefore, the request is medically necessary.

PRESCRIPTION OF EFFEXOR 75MG (PROSPECTIVE FOR NEXT VISIT), #60:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS (FOR CHRONIC PAIN), 13-16

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take weeks to exert their maximal effect. In this case, the applicant is using Effexor for depression, has reportedly responded favorably to the same, does report improvements in mood effected as a result of the same, and has returned to regular work. All of the above, taken together, imply that ongoing usage of Effexor has been effective. Therefore, the request is medically necessary.