MAXIMUS Federal Services

Case Number:	CM14-0024824		
Date Assigned:	07/02/2014	Date of Injury:	11/08/2006
Decision Date:	08/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 pain syndrome reportedly associated with an industrial injury of November 8, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; opioid therapy; topical compound; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restriction.In Utilization Review Report dated February 13, 2014, the claims administrator denied a request for Fexmid, Norco, Prilosec, cyclobenzaprine, and Ultram.The applicant's attorney subsequently appealed.Many medications in question were refilled via handwritten prescription forms dated December 23, 2013 and November 22, 2013. These notes contain little in the way of narrative commentary and, for the most part, utilized preprinted checkboxes.A May 9, 2013 progress note was notable for comments that the applicant reported persistent complaints of hip, sacroiliac joint, and low back pain. The applicant was reportedly wheelchair bound. Multiple medications were refilled. The applicant was described as permanent and stationary. The applicant did not appear to be working with permanent limitations in place.In handwritten progress reports dated February 21, 2013 and April 5, 2013, the applicant was placed off work, on total temporary disability. The applicant was asked to continue unspecified pain medications. A motorized wheelchair and pain pump were sought at various points.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's ability to perform even basic activities of daily living such as walking appear to be a significant constraint, as the applicant is using a wheelchair to move about. There is no clear documentation of any decrements in pain achieved as a result of ongoing Norco usage. The documentation on file, as noted, is sparse, handwritten, difficult to follow, not entirely legible. No compelling case has been made to continuation of Norco. Therefore, the request is not medically necessary.

PRILOSEC 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPI'S).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, which would support provision of Prilosec. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 15GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request not medically necessary.

ULTRAM ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 includes 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. There is no evidence of any clear improvements in function or decrements in pain achieved as a result of ongoing Ultram usage. As with the request for Norco, the documentation on file, is, as previously stated, sparse, handwritten, largely legible, and difficult to follow. Therefore, the request is not medically necessary.