

<b>Case Number:</b>	CM14-0136057		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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. 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 59-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 10, 2006. In a Utilization Review Report dated August 11, 2014, the claims administrator failed to approve a request for Prilosec, Flexeril, tramadol, and Naprosyn. A July 23, 2014 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 14, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and knee pain while physical therapy, manipulative therapy, and various prescriptions were refilled under separate cover. On July 20, 2014, the applicant was, once again, placed off of work, on total temporary disability, while physical therapy, manipulative therapy, dietary supplements, myofascial release therapy, and unspecified medications were renewed under separate cover. No discussion of medication efficacy transpired. The applicant stated that she had difficulty sleeping, was waking up at night owing to the fact that her pain was poorly controlled, was having difficulty sitting and/or standing for lengthy amounts of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, Specific Drug List & Adverse Effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, the handwritten July 23, 2014 progress note in question contained no reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Flexeril (Cyclobenzaprine) 7.5mg #60: 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:** Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of 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 analgesic, including Naprosyn, tramadol, Prilosec, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

**Tramadol 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List and Opioids, Criteria for Use Page(s): 93-94 & 76-78.

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

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise 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 a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the July 23, 2014 office visit on which tramadol was renewed. The attending provider suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, sitting, and sleeping, despite ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.

**Anaprox (Naproxen) 550mg #60: Upheld**

**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 Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** Finally, 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 effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, July 23, 2014. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.