MAXIMUS Federal Services

Case Number:	CM14-0212895		
Date Assigned:	12/30/2014	Date of Injury:	01/26/2011
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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, Ohio, 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 [redacted] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 26, 2011. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve requests for tramadol, Naprosyn, and Lexapro. The claims administrator referenced a progress note dated November 5, 2014 in its determination. The applicant's attorney subsequently appealed. On June 21, 2014, the applicant reported persistent complaints of thumb and hand pain, 8/10. The applicant was placed off of work, on total temporary disability. The applicant was status post a carpal tunnel release surgery. Naprosyn was endorsed. On November 5, 2014, the applicant was, once again, placed off of work, on total temporary disability, while Naprosyn, Lexapro, and tramadol were endorsed. A urology consultation and orthopedic surgery consultation were also suggested. The applicant reported complaints of low back pain radiating to the legs, knee pain, hand pain, wrist pain, and thumb pain. There was little to no discussion of medication efficacy present on this date. In an October 9, 2014 medical-legal evaluation, it was acknowledged that the applicant was off of work owing to ongoing complaints of low back pain, left thumb pain, and left knee pain. The medical-legal evaluator referenced progress notes alluding to the applicant's having longstanding issues with depression. The applicant was using Naprosyn, insulin, metformin, and tramadol, the medical-legal evaluator suggested. In an earlier note dated September 3, 2014, the applicant was placed off of work, on total temporary disability, for one month, while tramadol and Naprosyn were endorsed. Persistent complaints of wrist and thumb pain were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms.

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

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was 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/is off of work, on total temporary disability. The applicant's hand, thumb, wrist, and low back complaints appeared heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Norco usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Lexapro 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402.

Decision rationale: Similarly, the request for Lexapro, an antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Lexapro may be helpful to alleviate symptoms of depression, as were/are present here, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the condition for which it is being prescribed into his choice of pharmacotherapy. Here, the applicant was/is off of work, despite ongoing Lexapro usage. The attending provider simply refilled Lexapro from visit to visit without any explicit discussion of whether or not Lexapro was effectively attenuating the applicant's symptoms of depression or not. All of the foregoing, taken

together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lexapro. Therefore, the request was not medically necessary.

Tramadol 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

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

Decision rationale: Finally, 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 as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing tramadol usage. The applicant's pain complaints appear heightened from visit to visit, despite ongoing tramadol usage. The attending provider failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of the same. Therefore, the request was not medically necessary.