

Case Number:	CM14-0214401		
Date Assigned:	01/07/2015	Date of Injury:	05/24/2012
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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, wrist, neck, low back, shoulder, and elbow pain reportedly associated with an industrial injury of May 24, 2012. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve a request for Norco, naproxen, omeprazole, and Medrox. The claims administrator referenced a progress note and RFA form of November 19, 2014 in its determination. The claims administrator noted that the applicant had completed 12 recent sessions of physical therapy. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported ongoing multifocal pain complaints about the neck, head, and shoulder reportedly attributed to cumulative trauma at work. The applicant was alleging issues with panic attacks, anxiety, stress, hypertension, and dyspepsia. The applicant was not working and was receiving Social Security Disability Insurance benefits in addition to workers' compensation indemnity benefits, it was acknowledged. The applicant stated that sitting standing, and sleeping were all problematic, as were other activities such as lifting, carrying, gripping, grasping, pushing, and pulling. Physical therapy and electrodiagnostic testing of upper and lower extremities were endorsed while Medrox, Norco, naproxen, and Prilosec were prescribed. Permanent work restrictions were renewed. On January 6, 2015, the applicant continued to report persistent complaints of low back pain. The attending provider noted that the applicant was still having problems with lifting. The attending provider stated that medications were beneficial but did not elaborate further. Medrox, Norco, naproxen, and Prilosec were renewed. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. On a September 9, 2014 progress

note, the applicant once again reported multifocal pain complaints, including about the neck, elbows, shoulders, wrists, and low back. Permanent work restrictions, Medrox, Norco, naproxen, and Prilosec were again renewed. Once again, there was no mention of issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: As note 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. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant was receiving both Workers' Compensation indemnity benefit and Social Security Disability Insurance (SSDI) benefits. The applicant last worked in 2012, it was acknowledged on several occasions, referenced above. The attending provider, finally, failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage. The applicant's continued comments that he was having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, gripping, grasping, standing, and walking, etc., did not make a compelling case for continuation of opioid therapy. Therefore, the request was not medically necessary.

Naproxen sodium 550mg, #30 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen 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 attending provider failed to outline any quantifiable

decrements in pain and/or material improvements in function achieved as a result of ongoing naproxen usage. The fact that the applicant remained off of work, coupled with the fact that ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco, furthermore, suggested lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Omeprazole DR 20mg, #30 x 5 refills: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file, referenced above, failed to contain any references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Medrox ointment #1 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Medrox Medication Guide.

Decision rationale: Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, one of the ingredients in the amalgam, however, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.