

Case Number:	CM14-0216311		
Date Assigned:	01/06/2015	Date of Injury:	07/25/2005
Decision Date:	03/04/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with cumulative trauma at work between the dates of July 25, 2005 through August 15, 2012. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to improve requests for tramadol, naproxen, omeprazole, and cyclobenzaprine. The claims administrator referenced a December 3, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant reported ongoing complaints of thumb pain, status post thumb surgery in June 2014. 3-6/10 thumb pain was reported. The applicant was also status post right thumb CMC joint osteoplasty. Tramadol, Norco, naproxen, and Protonix were endorsed. The note was highly templated, mingled historical issues with current issues, extremely difficult to follow. Permanent work restrictions endorsed by a medical-legal evaluator were renewed. Urine drug testing was also performed. The attending provider seemingly stated in some sections of the note that the applicant had actual symptoms of dyspepsia while other sections of the note suggested that the attending provider was intent on employing omeprazole for GI prophylaxis purposes. An earlier note dated October 15, 2014 was, for all intents and purposes, identical to the later note dated November 12, 2014. On that date, naproxen, Protonix, cyclobenzaprine, and permanent work restrictions were endorsed, again without much discussion of medication efficacy. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. The attending provider did state in some sections of the note that the applicant was deriving some analgesia with medication consumption. This was not elaborated upon, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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 functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is seemingly off of work, despite ongoing usage of tramadol. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. While the attending provider did recount some reduction in pain scores achieved as a result of ongoing medication consumption, these are, however, outweighed by the attending provider's failure to recount any material or meaningful improvements in functions effected as a result of the same. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,73.

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

Decision rationale: Here, several of the attending provider's progress notes suggested that the applicant had developed issues with dyspepsia associated with ongoing naproxen consumption. Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines suggests discontinuing the offending NSAID in this context. Here, the attending provider did not outline a compelling case for continuation of naproxen in the face of ongoing complaints of dyspepsia associated with the same. The applicant had seemingly failed to return to work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider failed to outline any material or meaningful improvements in function associated with ongoing naproxen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Omeprazole 20mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, NSAIDs, GI Symptoms, and Car.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as pantoprazole are indicated in the treatment of NSAID-induced dyspepsia, 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 applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider did not outline a clear rationale for concurrent provision of two separate proton pump inhibitors, Protonix and Prilosec. Some of the attending provider's progress notes suggested that the applicant was using pantoprazole (Protonix), while other progress notes suggested that the applicant was using omeprazole (Prilosec). No clear rationale or guideline for provision of two separate proton pump inhibitors is noted here. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other agents, including naproxen and tramadol. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.