

Case Number:	CM15-0009226		
Date Assigned:	01/27/2015	Date of Injury:	02/13/2012
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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 55-year-old who has filed a claim for chronic neck pain, shoulder pain, low back pain, and anxiety disorder reportedly associated with an industrial injury of February 30, 2012. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for naproxen, tramadol, and Prilosec. The applicant's attorney subsequently appealed. In a progress note dated June 24, 2014, the applicant reported multifocal complaints of neck, low back, elbow, and shoulder pain. The applicant was asked to continue taking Prilosec, Norflex, and naproxen. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not clearly outlined. There was no mention of issues with reflux, heartburn, and/or dyspepsia present on this date. On September 16, 2014, the applicant was again asked to continue omeprazole, orphenadrine, naproxen, and tramadol. Permanent work restrictions imposed by medical-legal evaluator were noted. The applicant continued to report ongoing complaints of shoulder, neck, and low back pain with associated complaints of fatigue. Once again, there was no mention of issues with reflux, heartburn, and/or dyspepsia. On December 9, 2014, the applicant again reported issues with neck pain, low back pain, shoulder pain, and associated insomnia. Omeprazole, naproxen, and tramadol were endorsed while permanent work restrictions originally imposed by a medical-legal evaluator were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI & Cardiovascular Risk Factors.

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

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was likewise 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 omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, multiple progress notes, referenced above, contained no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: No, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, acknowledged that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain 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, the applicant was/is off of work, it appeared. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as tramadol. 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.

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 as a result of the same. Here, however, the applicant was/is off of work, despite ongoing tramadol usage. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider's progress notes failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.