

Case Number:	CM15-0016608		
Date Assigned:	02/04/2015	Date of Injury:	12/05/2012
Decision Date:	07/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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, 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 43-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 5, 2012. In a Utilization Review report dated January 16, 2015, the claims administrator failed to approve requests for Naprosyn, tramadol, Protonix, and Flexeril apparently prescribed on or around November 14, 2014. The applicant's attorney subsequently appealed. In a December 26, 2014 progress note, the applicant reported ongoing complaints of knee pain, 6/10, status post earlier failed knee surgery in June 2013. Ancillary complaints of low back pain were reported. The applicant was asked to continue use of a lumbar support and a TENS unit. Drug testing was endorsed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider suggested that the applicant pursue additional physical therapy on the grounds that the applicant remained deconditioned. Toward the top of the report, it was stated that the applicant was on Flexeril and tramadol. The applicant denied any history of previous GI bleeding and/or hemoptysis or hematochezia. It was seemingly suggested that the applicant did not have active symptoms of reflux at this point. It was not clearly stated whether Protonix was being employed for active symptoms of reflux or for gastric protective effect. On November 14, 2014, the applicant reported 6-7/10 low back and knee pain. The attending provider stated that the applicant's ability to perform grocery shopping and basic household chores such as bathing and grooming had been ameliorated as a result of ongoing medication consumption. A TENS unit, lumbar support, tramadol, Flexeril, Naprosyn, and Protonix were renewed, prescribed, and/or dispensed. Work restrictions were again endorsed, seemingly resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg #60 dos: 11/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for tramadol, a synthetic opioid, was 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 off of work, it was suggested (but not clearly stated) above. While the attending provider did outline some reported reduction of pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing tramadol usage. The attending provider's commentary that the applicant's ability to bathe and/or groom himself as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Retrospective Naproxen Sodium 550mg #90 dos:11/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, 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 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 efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing Naprosyn usage. Rather proscriptive limitations were renewed, unchanged, from visit to visit. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

Retrospective Pantoprazole 20mg #90 dos:11/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for pantoprazole (Protonix), a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's progress note of November 14, 2014 suggested that Protonix had been employed for gastric protective effect as opposed to active symptoms of reflux. Here, however, the applicant seemingly failed to meet criteria as outlined on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton-pump inhibitors. Namely, the applicant was only using one NSAID, Naprosyn; the applicant was less than 65 years of age (age 43); the applicant was not using NSAIDs in conjunction with corticosteroids; the applicant, per the treating provider, had no known history of previous GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #90 dos:11/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. 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, in fact, using a variety of agents including Naprosyn, tramadol, etc. 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 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.