MAXIMUS Federal Services

Case Number:	CM15-0018205		
Date Assigned:	02/06/2015	Date of Injury:	07/28/2004
Decision Date:	05/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 36-year-old female who reported an injury on 07/28/2004. She had been diagnosed with limb pain and reflex sympathetic dystrophy. Additional diagnoses included myalgia and myositis, not otherwise specified; chronic pain syndrome; depressive disorder; pain in the shoulder joint; sleep disturbance; electronic prescribing enabled; and encounter for long term use of other medications. She had previously been treated with opiates, injection therapy, and physical therapy. The injured worker had been placed on multiple medications to improve her symptoms, which included pantoprazole, cyclobenzaprine, naproxen, and Topamax, with the addition of Norco. The physician was again requesting additional medication to include prescriptions for Pantoprazole, cyclobenzaprine, Naproxen, Topamax, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 40mg #30: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, with the injured worker's most recent clinical documentation and examination from 01/2015 and no further clinical documentation provided for review, there was no indication that she continued to necessitate the use of pantoprazole. The guidelines state that the use of this medication is to treat injured workers who may be at risk for gastrointestinal events and who do not have any cardiovascular disease. However, without current clinical documentation to provide a more thorough overview of the injured worker's current pathology to include GI issues and medical necessity for use of the pantoprazole, ongoing use cannot be warranted. Therefore, the medical necessity has not been established.

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines, without recent clinical documentation identifying any muscle spasticity on comprehensive physical examination, ongoing use of cyclobenzaprine cannot be warranted. Although there was information indicating that she had been utilizing cyclobenzaprine in the past for spasticity, long-term use of this medication is discouraged. Therefore, without a current examination provided for review to determine if the injured worker continues to necessitate the use of a muscle relaxant, the medical necessity for cyclobenzaprine has not been established.

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to the California MTUS Guidelines, although an NSAID may be sufficient in reducing the injured worker's inflammation and pain in the injured site, there was no reference as to how this medication had previously been sufficient in reducing her symptoms to warrant ongoing use. Without having a current comprehensive physical examination identifying the injured worker's pain level and evidence of functional improvement from the use of naproxen, ongoing use of the naproxen is not supported. Therefore, the requested service for naproxen 500 mg, a total of 60 tablets, is not medically necessary.

Topamax 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 21.

Decision rationale: The California MTUS Guidelines indicate that the use of this medication is to treat neuropathic pain when other anticonvulsants have failed. However, without having any recent clinical documentation to provide a more thorough overview of how this medication had been effectively reducing the injured worker's symptoms, ongoing use cannot be supported. Additionally, without evidence that the injured worker continues to be symptomatic in regard to neuropathic pain, topiramate would not be considered an appropriate source of treatment. Therefore, after review of the clinical documentation and in reference to the California MTUS Guidelines, the request for Topamax 50 mg, a total of 90 tables, cannot be supported and is not medically necessary.

Norco 10-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the Norco, without evidence of a current comprehensive examination identifying the injured worker's pain level in comparison to prior treatments, the request for Norco is not considered medically appropriate. Although abrupt discontinuation is discouraged, without having any recent clinical documentation dated after 01/2015, there is no confirmation that the injured worker continues to be symptomatic with moderate to severe pain to warrant the use of Norco. Lastly, opioids are not intended for long-term use without evidence of medication compliance and effective response to the treatment. Therefore, the Norco 10/325 mg, a total of 90 tablets cannot be supported and is not medically necessary.