

Case Number:	CM15-0018496		
Date Assigned:	02/06/2015	Date of Injury:	06/17/2008
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
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: 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 56-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 17, 2008. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for Flexeril, Percocet, and Prevacid while apparently approving a request for bupropion and Nucynta. Endocet (Percocet) was apparently partially approved, reportedly for weaning or tapering purposes. The claims administrator referenced December 9, 2014 progress note its determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing, multifocal pain complaints reportedly attributed to ulnar neuropathy, carpal tunnel syndrome, chronic pain syndrome, elbow tendinitis, and nonspecific limb and upper extremity pain. The applicant was no longer working and had reportedly retired, it was suggested, at age 56. The applicant was not able to do much around the house it was stated. The applicant was having difficulty doing household chores. 6/10 pain with medications versus 9/10 pain without medications was appreciated. Nucynta, Percocet, and Prevacid were all apparently endorsed. The applicant's gastrointestinal review of systems was notable for acid indigestion. The applicant was still smoking every day. On December 9, 2014, the attending provider stated that Prevacid had helped attenuate the applicant's complaints of GI upset/dyspepsia. The attending provider posited that Nucynta and Percocet were effective to some extent, reducing the applicant's pain complaints of 9/10 without medications to 6/10 with medication. The applicant was still smoking every day, it was acknowledged. Multiple

medications were renewed, including Percocet, Nucynta, and Flexeril. The applicant had reportedly retired, it was acknowledged. A TENS unit was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg #30: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 1. No, the request for cyclobenzaprine (Flexeril), was 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/is using a variety of other medications, including Nucynta, Percocet, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

Endocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 2. Similarly, the request for Endocet (Percocet), a short-acting 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, at age 56, it was acknowledged, despite ongoing Percocet (Endocet) usage. While the attending provider did outline some reported reduction in pain scores effected as a result of ongoing medication consumption, including ongoing Percocet consumption, these were/are, however, outweighed by the applicant's failure to return to work as the attending provider has failed to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request was not medically necessary.

Lansoprazole 30 mg #30: Overturned

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): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 3. Finally, the request for lansoprazole (Prevacid), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prevacid (lansoprazole) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here. The attending provider did indicate on a December 9, 2014 progress note that ongoing usage of Prevacid (lansoprazole) had attenuated the applicant's symptoms of dyspepsia, to some extent. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.