

Case Number:	CM15-0128246		
Date Assigned:	07/14/2015	Date of Injury:	11/20/2011
Decision Date:	09/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/02/2015

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 48-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 20, 2011. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for Protonix, Flexeril, naproxen, and Neurontin. The claims administrator referenced an April 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 16, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, 6-7/10, aggravated by movement activities of daily living as basic as looking up and looking down. The applicant was given refills of Protonix, naproxen, cyclobenzaprine, Neurontin, Xanax, and tramadol. Colace was endorsed for constipation purposes. No seeming discussion of medication efficacy transpired. The applicant was reportedly using Protonix for cytoprotective effect, it was suggested (as opposed to for actual symptoms of reflux). On March 12, 2015, the applicant, once again, was given prescriptions for Neurontin, Xanax, naproxen, tramadol, Protonix, and Flexeril. Ongoing complaints of neck and low back pain were reported, 6-7/10. It was not stated whether Xanax was being employed for anxiolytic effect, for antispasmodic effect, or for some other purpose altogether. Several topical compounds were dispensed. Once again, the applicant's work status was not reported, although it did not appear that the applicant was working. On April 27, 2015, the applicant was given a rather proscriptive 15-pound lifting limitation. It was suggested (but not clearly stated) that the applicant was not, in fact, working at this point in time. Multifocal complaints of neck, mid back, and low back

pain were reported with derivative complaints of insomnia, depression, anxiety, and irritability. No seeming discussion of medication efficacy transpired on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole 20mg BID #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: No, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider seemingly suggested that Protonix was being employed for cytoprotective effect here (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set for on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix. Specifically, the applicant was less than 65 years of age (age 48), was only seemingly using one NSAID, naproxen, had no known history of GI bleeding or peptic ulcer disease, and was not seemingly using NSAIDs in conjunction with corticosteroids. Therefore, the request was not medically necessary.

Retro Naproxen Sodium 550mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for naproxen, 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 naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendation. Here, however, the claimant did not appear to be working, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the claimant's dependence on opioid such as tramadol or benzodiazepine agents such as Xanax. Multiple progress notes, referenced above, including those dated April 16, 2015 and March 12, 2015 failed to outline quantifiable decrements in pain (if any) effected as a result of ongoing

naproxen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Retro Cyclobenzaprine 7.5mg BID #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.

Decision rationale: Similarly, 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 other agents, including Neurontin, tramadol, Xanax, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-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.

Retro Gabapentin 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: The request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, no seeming discussion of medication efficacy transpired insofar as gabapentin (or other medication) was concerned. The fact that the applicant continued to report pain as high as 6-7/10 on March 12, 2015, coupled with the fact that ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as tramadol and/or multiple other topical compounds also prescribed and/or dispensed on that date, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing gabapentin usage. Therefore, the request was not medically necessary.

Retro Tramadol 150mb BID #60: 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): 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's work status was not reported on multiple office visits, referenced above, including on March 12, 2015, suggesting that the applicant was not, in fact, working. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. The claimant continued to report pain complaints as high as 6-7/10, it was acknowledged on March 12, 2015, despite ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Retro Alprazolam 1mg PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax (alprazolam) may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the request was framed as a renewal or extension request for Xanax. It was suggested that the applicant had been using Xanax on a twice-daily basis for a minimum of several months for anxiolytic effect. Such usage, however, was incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.