

Case Number:	CM15-0128357		
Date Assigned:	07/15/2015	Date of Injury:	07/12/2014
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/03/2015

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 29-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of September 1, 2014. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for Tramadol, naproxen, Protonix, and Flexeril apparently prescribed and/or dispensed on or around May 28, 2015. On May 28, 2015, the applicant reported ongoing complaints of low back and ankle pain, 8/10. The applicant was apparently in the process of considering an ankle arthroscopy. A lumbar support, TENS unit, Tramadol, naproxen, Protonix, and Flexeril were prescribed and/or dispensed while the applicant was placed off of work, on total temporary disability. The applicant had developed derivative complaints of depression, it was further reported. The attending provider stated that the applicant's ability to perform light household chores, grocery shopping, and grooming had been ameliorated because of ongoing medication consumption. On June 25, 2015, the applicant was, once again, placed off work, on total temporary disability. 9/10 ankle and low back pain were reported. The attending provider again stated that the applicant's medications were beneficial. Once again, it was suggested that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. Physical therapy, naproxen, Tramadol, Protonix, Flexeril, and drug testing were all endorsed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Tramadol 150mg #60 (DOS 05/28/2015): 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 because of the same. Here, however, the applicant was off work, on total temporary disability, per progress notes of June 25, 2015 and May 28, 2015. The applicant continued to report pain complaints as high as high as 8-9/10, despite ongoing Tramadol usage. While the attending provider did state that the applicant's medications were beneficial, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage. The attending provider's commentary to the effect that the applicant's ability to perform grocery shopping and grooming because of ongoing medication consumption did not constitute evidence of a substantive improvement or function needed to justify continuation of Tramadol usage. Therefore, the request was not medically necessary.

Retrospective pharmacy purchase of Naproxen 550mg #90 (DOS 05/28/2015): 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 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 an anti-inflammatory medication such as naproxen do represent the traditional first-line 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 remained off work, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Tramadol. The applicant continued to report pain complaints as high as 8-9/10, as suggested above, despite 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 naproxen. Therefore, the request was not medically necessary.

Retrospective pharmacy purchase of Pantoprazole 20mg #90 (DOS 05/28/2015): 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 indicated above that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant's seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (29), was only using one NSAID, naproxen, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Retrospective pharmacy purchase of Cyclobenzaprine 7.5mg # 90 (DOS 05/28/2015): 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 to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Tramadol, naproxen, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of Cyclobenzaprine at issue, in and of itself, 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.