

Case Number:	CM15-0129118		
Date Assigned:	07/15/2015	Date of Injury:	10/15/2013
Decision Date:	08/25/2015	UR Denial Date:	06/01/2015
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 58-year-old who has filed a claim for chronic hand, knee, ankle, and back pain reportedly associated with an industrial injury of October 15, 2013. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for naproxen, Protonix, Flexeril, and tramadol. The claims administrator referenced a May 11, 2015 order form in its determination. The applicant's attorney subsequently appealed. On said May 11, 2015 RFA form, naproxen, Protonix, Flexeril, tramadol, and a four-lead TENS unit were endorsed. In an associated progress note of the same date, May 11, 2015, the applicant was described as working regular duty as of November 17, 2014, despite ongoing complaints of low back pain. The attending provider stated that the applicant was using Protonix in conjunction with gastritis associated with naproxen usage. The attending provider seemingly suggested that the applicant was deriving appropriate analgesia with ongoing medication consumption. 7-10/10 pain without medications versus 3-4/10 with medications was reported. Regular duty work, naproxen, tramadol, Flexeril, Protonix, and the TENS unit in question were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider's progress note of May 11, 2015 suggested that the applicant was deriving appropriate analgesia as a result of ongoing medication consumption and had, furthermore, demonstrated functional improvement as defined in MTUS 9792.20e in the form of the applicant's returning to and/or maintaining full-time, regular duty work status. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Protonix 20mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise 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 Protonix are indicated in the treatment of NSAID-induced dyspepsia, as was reportedly present here, the treating provider stated on May 11, 2015. Ongoing usage of Protonix had effectively attenuated the same, the treating provider suggested. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Flexeril 7.5mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: Conversely, the request for Flexeril (cyclobenzaprine) 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, in fact, using a variety of other agents, including tramadol, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It

is further noted that the 60-tablet supply of Flexeril 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 is not medically necessary.

Tramadol ER 150mg Qty: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 93-94, 124.

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

Decision rationale: Finally, the request for tramadol, a synthetic opioid, is medically necessary, medically appropriate, and 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, the applicant was deriving appropriate analgesia from ongoing medication consumption, it was reported on May 11, 2015, at which point it was stated that the applicant's pain scores were reduced from 7-10/10 without medications to 3-4/10 with medications. The applicant had successfully returned to full-time, regular duty work, it was noted on that date. Continuing tramadol, on balance, was indicated, given the applicant's reportedly favorable response to the same and associated successful return to and/or maintenance of full-time, regular duty work status. Therefore, the request is medically necessary.