

Case Number:	CM15-0163747		
Date Assigned:	09/01/2015	Date of Injury:	04/28/2006
Decision Date:	12/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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 complex regional pain syndrome (CRPS), and major depressive disorder (MDD) reportedly associated with an industrial injury of April 28, 2015. In a Utilization Review report dated August 19, 2015; the claims administrator failed to approve requests for Mentoderm, cyclobenzaprine, and Protonix. An RFA form received on August 12, 2015 and a progress note dated July 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On a psychiatry noted dated August 31, 2015, the applicant was described as having significant financial issues. The applicant was asked to continue Wellbutrin, Inderal, and Protonix. No seeming discussion of medication efficacy transpired. On September 3, 2015, the applicant's psychiatrist stated that the applicant was involved in various legal issues; including allegations of fraud. The applicant was asked to continue Wellbutrin, Inderal, and Protonix. Once again, no seeming discussion of medication efficacy transpired. The applicant's work status was not reported. On July 22, 2015, the applicant reported ongoing issues with reflex sympathetic dystrophy (RSD) of bilateral upper extremities. The applicant also had issues with depression, it was reported. The attending provider contended that the applicant would develop issues with suicidal ideation without his psychotropic medications. The applicant was apparently considering spinal cord stimulator (SCS) trial for complex regional pain syndrome (CRPS), it was reported. The applicant appeared visibly anxious. 10/10 pain without medications, versus 7-8-10 with medications was reported. The applicant reported difficulty performing activities of daily living to included walking, doing exercise, bending, pushing a shopping cart, and standing, it was reported. Multiple medications,

including topical Methoderm, cyclobenzaprine, Neurontin, and Wellbutrin, and Protonix were renewed. The applicant was described as having been given "permanent disability status," the treating provider reported toward the top of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120ml x1 (DOS: 07/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Introduction.

Decision rationale: No, the request for topical Methoderm, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Methoderm are recommended in the chronic pain context 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 recommendations. Here, however, the applicant remained off of work and had been given permanent disability, the treating provider reported on the July 22, 2015 office visit at issue. While the attending provider did recount a low-grade reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's commentary to the effect that activities of daily living to include walking, bending, twisting, standing, and walking remained problematic, despite ongoing Methoderm usage. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #60 (DOS: 07/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation - muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for oral 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 deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Methoderm, Neurontin, Wellbutrin, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented 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.

Protonix 40mg #60 (DOS: 07/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation - proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for Protonix (pantoprazole), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the July 27, 2015 office visit at issue. Therefore, the request was not medically necessary.