

Case Number:	CM15-0170313		
Date Assigned:	09/10/2015	Date of Injury:	04/16/2004
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 62-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of April 16, 2004. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for tramadol, Flexeril, and Zantac. The claims administrator referenced an RFA form received on July 27, 2015 and an associated progress note of July 17, 2015 in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, Zantac was endorsed for what was described as active symptoms of reflux and stomach irritation. The need for Zantac was described in a handwritten commentary which was somewhat difficult to follow. Motrin, Flexeril, and tramadol were also endorsed. The attending provider contended that the applicant's ability to continue working had been facilitated as a result of ongoing medication consumption. The attending provider contended that the applicant was performing home exercises as a result of receipt of medications, it was reported. The applicant was using a TENS unit and receiving epidural injection, it was acknowledged. On July 17, 2015, the applicant reported ongoing complaints of neck, arm, hand, and finger pain. The applicant was described as deriving appropriate with the use of a TENS unit and was reportedly performing home exercise, it was reported. Multiple medications were renewed, including tramadol, Flexeril, Zantac, and Motrin. A pain management physician reported on March 30, 2015 that ongoing medication consumption was appropriately diminishing the applicant's pain scores from 6-7/10 without medications to 2- 3/10 with medications. The applicant was able to drive, perform exercise in a gym, perform stretching and strengthening, and work full time as a result of ongoing

medication consumption, the treating provider contended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was 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 had returned to and/or maintained full-time, regular duty work status, it was reported on multiple office visits, referenced above, including on March 30, 2015 and on August 12, 2015. Ongoing usage of medication was appropriately diminishing the applicant's pain scores from 6-7/10 without medications to 2-3/10 with medications, it was reported on March 30, 2015. The applicant's ability to perform home exercises, attend a gym, drive, and work regular duty had all been facilitated as a result of ongoing medication consumption, the treating provider contended. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Flexeril 10mg #30: Upheld

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

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

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 deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Motrin, tramadol, etc. The addition of cyclobenzaprine or Flexeril to the mix was not, thus, indicated. The 30-tablet renewal request for Flexeril, moreover, represented treatment in excess of the short course of therapy for which cyclobenzaprine was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Zantac 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/zantac-ranitidine-342003#0>.

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

Decision rationale: Finally, the request for Zantac, an H2 antagonist, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonist such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here, the treating provider reported on August 12, 2015. Usage of Zantac was, thus, indicated to ameliorate the applicant's issues with dyspepsia, reflux, and stomach irritation reported on that date. Therefore, the request was medically necessary.