

Case Number:	CM15-0172020		
Date Assigned:	09/14/2015	Date of Injury:	07/20/2002
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 20, 2002. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for Naprosyn, and partially approved a request for Omeprazole. The claims administrator referenced a July 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of neck, mid back, upper back, and shoulder pain. The applicant was on Ultracet, Neurontin, Flexeril cream and also Prilosec, it was reported. There was no mention of the applicant experiencing any issues with reflux, heartburn, and/or dyspepsia. The applicant was not currently working, it was reported. In an applicant questionnaire dated February 4, 2015, the applicant acknowledged that he had not worked since 2002. On July 6, 2015, it was reiterated that the applicant was not working, but wished to pursue a spinal cord stimulator trial. The applicant was on Naprosyn, Neurontin, Prilosec, Ultracet, and Flexeril, it was reported. The attending provider stated that the applicant had developed issues with gastritis associated with Naprosyn usage. Multiple medications were renewed. The attending provider did state in one section of note that the applicant's pain medications were reducing his pain scores from 6/10 without medications to 4/10 with medications and were ameliorating the applicant's ability to perform unspecified activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol/APAP 37.5/325mg #60: 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): Opioids, criteria for use.

Decision rationale: No, the request for Tramadol-acetaminophen (Ultracet), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of 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 remained off of work and was not working, it was reported on July 6, 2015. The applicant acknowledged on an earlier questionnaire of February 10, 2015 that he had not worked since 2002. While the attending provider did recount reduction in pain scores from 6/10 to 4/10 with medications on said July 6, 2015 progress note, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Ultracet usage. Therefore, the request was not medically necessary.

1 Prescription of Naproxen Sodium 550mg #60: 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): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider reported on July 6, 2015 that the applicant had issues with Naprosyn-induced gastritis/Naprosyn-induced dyspepsia. Cessation of Naprosyn, thus, appeared to be a more appropriate option than continuation of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines, both stipulate 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 not worked since 2002, it was acknowledged on progress note of July 6, 2015 and on applicant questionnaire of February 2015. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

1 Prescription of Omeprazole 20mg #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for Omeprazole (Prilosec), a proton-pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of the NSAID-induced dyspepsia, as was seemingly present here on July 5, 2015 in form of the applicant's Naprosyn-induced dyspepsia. Usage of the Omeprazole was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.