

Case Number:	CM15-0176411		
Date Assigned:	09/17/2015	Date of Injury:	01/18/2015
Decision Date:	10/28/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 18, 2015. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for Tylenol No. 3, Naprosyn, and Prilosec. The claims administrator referenced an August 19, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 5, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was placed off of work, on total temporary disability while lumbar MRI imaging and psychological evaluation were ordered. The note was very difficult to follow. No seeming discussion of medication efficacy transpired. The applicant had developed derivative complaints of depression, it was reported. On May 19, 2015, psychotherapy was ordered. On July 7, 2015, Naprosyn, Fexmid, Prilosec, and Ultram were endorsed through pre-printed checkboxes, with little supporting commentary, rationale, or discussion of medication efficacy. On an associated June 16, 2015 progress note, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck and low back pain. Once again, no seeming discussion of medication efficacy transpired. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. In another handwritten note dated July 21, 2015, the applicant was again placed off of work, on total temporary disability owing to ongoing complaints of neck and low back pain. The note compromised, in large parts, preprinted checkboxes and was difficult to follow and was not altogether legible. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen-Codeine number 3, 300/30mg 1 tablet PO BID #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 Tylenol No. 3, a short-acting 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on multiple office visits, referenced above including on July 21, 2015. No seeming discussion of medication efficacy transpired on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as result of ongoing Tylenol No. 3. Therefore, the request was not medically necessary.

Naproxen Sodium 550mg 1 tablet PO BID #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, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Naprosyn, 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 anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain (LBP) reportedly present here, this recommendations 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 the attending provider should incorporate some discussion of “efficacy of medication” into his choice of recommendations. Here, however, no seeming discussion of medication efficacy transpired on multiple handwritten office visits referenced above, including those dated July 21, 2015 and June 16, 2015. The fact that the applicant remained off of work, on total temporary disability, on those dates, coupled with the fact that ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3

and Ultram, strongly suggested lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of the same. Therefore, the request was not medically necessary.

Omeprazole 20mg, 1 tablet PO QD #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID, induced or stand-alone, on office visits of June 16, 2015 and July 21, 2015. Therefore, the request was not medically necessary.