

Case Number:	CM15-0178766		
Date Assigned:	09/21/2015	Date of Injury:	04/11/2012
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of April 11, 2012. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for Protonix, Naprosyn, and BuTrans. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In an eight-page appeal letter dated September 10, 2015, the attending provider appealed denial of Naprosyn, Protonix, BuTrans in a highly templated manner. The attending provider acknowledged that the applicant had significant limitations in terms of performance of activities of daily living including those as basic as grocery shopping, doing laundry, and difficulty doing personal hygiene. The attending provider suggested the applicant was in fact using BuTrans for chronic pain purposes. The attending provider contented that the applicant had tried Norco and Tramadol without any benefit. The attending provider stated that he intended to continue employing BuTrans for chronic pain purposes. The attending provider stated that the applicant was using Protonix to ameliorate issues with Naprosyn-induced dyspepsia in one section of his note. Somewhat incongruously, the attending provider then stated that the applicant was using Protonix for cytoprotective effect (as opposed to for actual symptoms of reflux). On August 11, 2015 the applicant reported ongoing complaints of neck and shoulder pain, reportedly severe. The applicant was reportedly using BuTrans, Naprosyn, and Protonix, all of which were continued and/or renewed. The applicant was described as having severe pain complaints in multiples sections of the note, despite having completed functional restoration program. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix DR 20mg #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: Yes, the request for Protonix, a proton-pump inhibitor, was 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 to combat issues with NSAID-induced dyspepsia. Here, certain sections of the attending provider's September 2, 2015 appeal letter suggested that the applicant was in fact employing Protonix successfully to ameliorate issues with Naprosyn-induced dyspepsia. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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: Conversely, the request for Naprosyn, an anti-inflammatory medication, was 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, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and 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's work status was not clearly reported on either an office visit of August 11, 2015 or an appeal letter dated September 2, 2015, suggesting the applicant was not, in fact, working with permanent limitations in place. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as BuTrans, it was further noted on both dates. Severe pain complaints were reported both on an office visit of August 11, 2015 and on an appeal letter dated September 2, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Butrans 5mcg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.drugs.com/pro/butrans-patch.html>).

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

Decision rationale: Similarly, the request for BuTrans (Buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or BuTrans is recommended in treatment of opioid addiction and for chronic pain purposes in applicants who previously detoxified off of other opioids, here, however, neither the August 11, 2015 office visit nor the September 2, 2015 letter made any mention of the applicant's using Buprenorphine for opioid addiction or opioid dependence purposes or to treat chronic pain after having been detoxified off of other opioids. It was further noted the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on either an appeal letter of September 2, 2015 or on office visit of August 11, 2015, suggesting that the applicant was not, in fact, working with permanent limitations in place. Severe pain complaints were reported on both dates. The applicant was having difficulty performing activities of daily living as basic as grocery shopping, laundry, and personal hygiene, the treating provider reported on his appeal letter of September 2, 2015. It did not appear, in short, the applicant had profited from ongoing BuTrans usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.