

Case Number:	CM15-0037942		
Date Assigned:	03/06/2015	Date of Injury:	11/01/2010
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve requests for Ultram, Prilosec, Sonata, and Fioricet. The claims administrator did approve a request for naproxen. Sonata was reportedly partially approved for trial purposes, while Ultram was apparently partially approved for weaning purposes. The claims administrator referenced an RFA form of February 3, 2015 in its determination. The applicant's attorney subsequently appealed. On July 11, 2014, tramadol, naproxen, and Norflex were renewed. 3-4/10 pain with medications versus 7-8/10 pain without medications was reported. Large portions of the progress note were sparse, handwritten, difficult to follow, and not altogether legible. The applicant was placed off of work, on total temporary disability, owing to multifocal complaints of elbow, shoulder, and foot pain. In a handwritten note dated December 10, 2014, the attending provider, once again, acknowledged that the applicant was not working owing to multifocal complaints of shoulder, elbow, and foot pain. Additional physical therapy was proposed. Prilosec had attenuated the applicant's issues with GI upset, the attending provider wrote. The applicant was also using naproxen, tramadol, Fioricet, and Zanaflex, it was further noted. The attending provider reported some reduction in pain scores reportedly effected as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram, a synthetic 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of a December 10, 2014 progress note. While the attending provider did report some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function as a result of the same. Therefore, the request was not medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for Prilosec, 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 Prilosec are indicated to combat issues with NSAID-induced dyspepsia. Here, the attending provider did write on December 10, 2014 that Prilosec had proven effective in attenuating complaints of naproxen-induced dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Sonata 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation 20859 S009, 011 FDA Approved Labeling Text 12.10.07Sonata® (zaleplon)Indications And Usage Sonata is indicated for the short-term treatment of insomnia.

Sonata has been shown to decrease the time to sleep onset for up to 30 days in controlled clinical studies (see Clinical Trials under Clinical Pharmacology).

Decision rationale: Conversely, the request for Sonata, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Sonata usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Sonata is indicated in the short-term treatment of insomnia, for up to 30 days. Here, the request in question represented a renewal request for Sonata. Continued usage of Sonata, thus, was at odds with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.

Fioricet #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Finally, the request for Fioricet, a barbiturate containing analgesic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended for chronic pain purposes. As with the preceding request, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would compel continued usage of Fioricet in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.