MAXIMUS Federal Services

Case Number:	CM15-0037967		
Date Assigned:	03/06/2015	Date of Injury:	07/01/2013
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
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 38-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of July 1, 2013. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for Omeprazole, Naprosyn, and Soma. Soma appears to have been partially approved for weaning or tapering purposes. The claims administrator referenced a January 21, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On July 15, 2014, the attending provider acknowledged that the applicant was off of work, on total temporary disability, owing to a combination of chronic pain issues and depressive symptoms. The applicant was given refills of Soma, Naprosyn, Prilosec, Medrox, and Cymbalta. On January 21, 2015, the applicant was described as not significantly improved since the list visit. Ongoing complaints of neck pain, wrist pain, and upper extremity paresthesias were reported. Naprosyn, Soma, Prilosec, Cymbalta, and a capsaicin-containing cream were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation, seemingly resulting in applicant's removal from the workplace. This limitation, it is incidentally noted, was unchanged when compared against previous limitations imposed on other office visits, including on November 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: No, the request for omeprazole, a proton-pump inhibitor, was 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, in this case, there was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes in question, including on the January 21, 2015 office visit at issue. Therefore, the request was not medically necessary.

Naproxen sodium 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

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 medication such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including a chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was described as unimproved on January 21, 2015. The attending provider acknowledged that ongoing usage of Naprosyn and other medication has failed to generate significant benefit. The applicant's work status and work restrictions were unchanged from visit to visit. The applicant remained off of work, on total temporary disability. A rather proscriptive 10-pound lifting limitation remained in place on each visit in question. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on other agents such as carisoprodol and/or topical capsaicin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Here, the applicant was described as using carisoprodol on various office visits throughout early 2015 and late 2014, reference above, including on January 21, 2015, November 18, 2014, and on July 15, 2014. Such usage, however, is incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary