

Case Number:	CM15-0065179		
Date Assigned:	04/13/2015	Date of Injury:	06/03/2009
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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 64-year-old who has filed a claim for chronic neck, elbow, and upper extremity pain reportedly associated with an industrial injury of June 3, 2009. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for Tylenol with Codeine, Flexeril, and Omeprazole. The claims administrator referenced a RFA form received on February 27, 2015 and a progress note of February 18, 2015 in the determination. The applicant's attorney subsequently appealed. In a work status report dated March 4, 2015, the applicant was placed off of work, on total temporary disability. On February 18, 2015, the applicant reported ongoing complaints of elbow, wrist, thumb, and neck pain. The applicant had undergone a right cubital tunnel release surgery, earlier left shoulder surgery, and left and right carpal tunnel release surgeries at unspecified points in time. Tylenol, naproxen, omeprazole, and tizanidine were renewed without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP Codeine (c) 300/30mg #60, 1 tab by mouth two (2) times per day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use, On-going Management Page(s): 78-81.

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

Decision rationale: No, the request for Tylenol with Codeine, 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 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, in progress notes of February and March 2015, referenced above. The attending provider's progress note of February 18, 2015 failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Tylenol with Codeine usage (if any). Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg #60, 1 by mouth two (2) times per day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Cyclobenzaprine (Flexeril) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Tylenol with Codeine, naproxen, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was noted that the 60-tablet supply of Cyclobenzaprine at issue represent treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Omeprazole 20mg, #60, 1 cap two (2) times per day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI's).

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

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 inhibitors such as Omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, 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 the February 18, 2015 progress note on which it was endorsed. Therefore, the request is not medically necessary.