

Case Number:	CM15-0074335		
Date Assigned:	04/24/2015	Date of Injury:	02/10/2005
Decision Date:	05/21/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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 66-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 10, 2005. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for oral Voltaren, Flexeril, and Prilosec. The claims administrator referenced a January 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On November 3, 2014, Norco was renewed. On October 26, 2014, a three-month supply of Voltaren, Flexeril, and Prilosec was endorsed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia at this point. In an October 23, 2014 progress note, the applicant was described as having ongoing complaints of shoulder pain. The applicant was using Prilosec for issues with NSAID-induced dyspepsia, it was acknowledged. The applicant was also using Voltaren for pain, Flexeril for spasm, and Norco for breakthrough pain. The applicant was not working, it was acknowledged. Little-to-no discussion of medication efficacy transpired. The attending provider stated that the applicant was profiting from current medications but did not elaborate or expound further. In an RFA form dated February 11, 2015, Norco and Flexeril were endorsed. In a January 30, 2015 progress note, Flexeril, Prilosec, and Norco were renewed. The attending provider stated that the applicant was tolerating her medications well. No further discussion of medication efficacy transpired. The applicant was asked to follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltren Er 10mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for Voltaren, an antiinflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is to cease the offending NSAID. Here, the applicant was described as having issues with Voltaren-induced dyspepsia. It was not clearly stated why the attending provider chose to continue Voltaren in the face of the same, particularly when page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of efficacy and side effects of medications into his choice of recommendations. Here, the applicant was off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.

Flexeril 7.5mg Qty 360: Upheld

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

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

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Voltaren, etc. It is further noted that the 360-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well 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 was not medically necessary.

Prilosec 20mg Qty 30: Overturned

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

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

Decision rationale: Finally, 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, as were seemingly present here. The attending provider did suggest, on several occasions, that ongoing usage of Prilosec had effectively attenuated the applicant's issues with Voltaren-induced dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.