

Case Number:	CM15-0091665		
Date Assigned:	05/18/2015	Date of Injury:	04/21/2001
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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, shoulder, and elbow pain reportedly associated with an industrial injury of April 21, 2001. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Dexilant, Lorzone, and Tylenol No. 3. The claims administrator did apparently issue a partial approval for Tylenol No. 3, apparently for tapering or weaning purposes. An RFA form dated April 6, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. The April 6, 2015 RFA form did not, however, appear to have been incorporated into the IMR packet, which comprised almost exclusively of historical Utilization Review reports. On August 23, 2010, the applicant reported ongoing complaints of shoulder pain. The applicant was using Vicodin, Celebrex, Ambien, Nexium, albuterol, and Spiriva, it was acknowledged. The applicant was receiving Social Security Disability Insurance (SSDI), it was further reported, in addition to Workers Compensation indemnity benefits. Vicodin and Ambien were renewed. The applicant was apparently asked to continue Nexium for insomnia. Multiple bills of various dates were also on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 50mg #30: Upheld

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: No, the request for Dexilant 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 inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here, this recommendation is, however, 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 efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations. Here, however, no recent clinical progress notes were attached. The April 6, 2015 progress note and/or associated RFA form were not seemingly incorporated into the Independent Medical Review packet. The historical 2010 progress note contained no references to the applicant's using Dexilant but, rather, it was suggested that the applicant was using an alternate proton pump inhibitor, Nexium. The information on file did not establish whether ongoing usage of Dexilant had or had not attenuated the applicant's symptoms of reflux. Therefore, the request was not medically necessary.

Lorzone 750mg #30: 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for Lorzone, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Lorzone are recommended with caution as a short-term treatment for acute exacerbations of chronic low back pain, here, however, the 30-tablet supply of Lorzone at issue implies chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the preceding request, no recent clinical progress notes were attached to the IMR application to augment the request at hand. The historical information on file did not, moreover, support or substantiate the request. Therefore, the request was not medically necessary.

Tylenol #3 #120: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Tylenol No. 3, a short-acting opioid, was likewise 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 because of the same. Here, however, the historical 2010 progress note suggested that the applicant was off work and receiving both Workers, Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. Recent clinical progress notes were not seemingly incorporated into the IMR packet. The historical evidence on file did not establish evidence of meaningful, material improvements in function affected because of ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.