

Case Number:	CM15-0097329		
Date Assigned:	05/28/2015	Date of Injury:	03/28/2002
Decision Date:	07/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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 55-year-old who has filed a claim for chronic neck, shoulder and elbow pain reportedly associated with an industrial injury of March 28, 2002. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve requests for Norco, Ambien, Flexeril and Prilosec. The claims administrator referenced a RFA form received on April 16, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said April 16, 2015 progress note, the applicant reported 7/10 pain without medications and 4/10 with medications. The applicant reported a fair quality of sleep at an unchanged activity level. The applicant was on Prilosec, Ambien, Flexeril, Norco, Lopressor, and Prozac, it was reported. The note was quite difficult to follow and mingled historical issues with current issues. Norco, Flexeril, Ambien and Prilosec were all continued and/or renewed. The attending provider stated in a somewhat highly templated fashion towards the bottom of the report that the applicant's ability to perform activities of self care, personal hygiene, and cleaning had been ameliorated as a result of ongoing medication consumption. In one section of the note, the attending provider stated that the applicant was working at a rate of 16 hours a week on part-time basis as a home care aide. Toward the bottom of the report, the attending provider stated, somewhat incongruously, that the applicant was "not currently working" with permanent limitations in place. The note, thus, was very difficult to follow and internally inconsistent at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: 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 Norco, 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 as a result of the same. Here, however, the applicant was off of work, it was suggested in at least one section of the April 16, 2015 progress note at issue. While the attending provider did recount some reported reduction in pain scores from 7/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicants seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the fact that the applicant's ability to perform self care and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ambien 10 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mosby's drug consult.

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 U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate or indicated here. 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 the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request for continued usage of Ambien, thus, in effect, amounted to treatment in excess of the FDA label. The attending provider failed to furnish medical evidence or an applicant-specific rationale, which would have compelled such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Cyclobenzaprine 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

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

Decision rationale: The request for Cyclobenzaprine 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, was using a variety of other potentially sedating agents, including Norco and Ambien. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of Cyclobenzaprine at issue implies 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 20 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), proton pump inhibitors (PPI's), Mosby's drug consult, indications for Omeprazole/Prilosec.

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: Finally, the request for Omeprazole (Prilosec) 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 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 fact that the attending provider should incorporate some discussion of the efficacy of medication into his choice of recommendations. Here, however, the attending provider failed to outline whether or not ongoing use of Omeprazole was or was not effective in attenuating issues with dyspepsia. The progress note of April 16, 2015, did not clearly state whether or not ongoing use of Omeprazole had or not ameliorated issues with dyspepsia and/or reflux, which were, at best, briefly alluded to in said progress note. Therefore, the request was not medically necessary.