

Case Number:	CM15-0098772		
Date Assigned:	06/01/2015	Date of Injury:	02/13/2013
Decision Date:	09/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 43 year old female, who sustained an industrial injury on 2/13/2013. She reported being struck in the head by an assailant with a gun. Diagnoses have included unspecified major depression, post traumatic stress disorder, thoracic sprain/strain, neck sprain/strain, lumbar sprain/strain and chronic post-traumatic headaches. Treatment to date has included acupuncture, psychological treatment and medication. According to the progress report dated 4/1/2015, the injured worker complained of aching pain throughout the neck and the back and proximal portions of her upper extremity. She reported that headaches were improved. She reported that the use of medications decreased her pain by 50%. She stated she was able to function better with exercising better and performing activities of daily living better with less pain. The injured worker appeared anxious. Exam of the lumbar spine revealed tenderness to palpation and muscle tension. Lumbar range of motion was decreased. Authorization was requested for Cyclobenzaprine, Venlafaxine HCL ER, Pantoprazole, Naproxen and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90ms, SIG: take 1/2-1 at night for spasms as needed, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 43 year old female has complained of thoracic spine and lumbar spine pain since date of injury 2/13/13. She has been treated with acupuncture and medications to include Cyclobenzaprine since at least 01/2015. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not medically necessary for this patient.

Venlafaxine HCl ER 37.5mg #60, SIG: titrate up to 2 tabs 2x per day, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

Decision rationale: This 43 year old female has complained of thoracic spine and lumbar spine pain since date of injury 2/13/13. She has been treated with acupuncture and medications to include Venlafaxine since at least 01/2015. The current request is for Venlafaxine. Per the MTUS guideline cited above, Venlafaxine is recommended as an option for the first-line treatment of neuropathic pain and is also approved for the treatment of depression and anxiety. There is inadequate documentation in the provider notes to support a diagnosis of neuropathic pain, anxiety or depression. On the basis of the MTUS guidelines and the lack of adequate documentation, Venlafaxine is not medically necessary in this patient.

Pantoprazole-Protonix 20mg #60(ms), SIG: take 1-2 daily stomach, QTY: 60: 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 and cardiovascular risk Page(s): 67-68.

Decision rationale: This 43 year old female has complained of thoracic spine and lumbar spine pain since date of injury 2/13/13. She has been treated with acupuncture and medications to include Pantoprazole since at least 01/2015. The current request is for Pantoprazole. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation

listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Pantoprazole is not medically necessary in this patient.

Naproxen sodium-Anaprox 550mg #90, SIG: take 1 every 12 hours with food/anti-inflammatory, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 43 year old female has complained of thoracic spine and lumbar spine pain since date of injury 2/13/13. She has been treated with acupuncture and medications to include Naproxen since at least 01/2015. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 2 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not medically necessary in this patient.

Butrans 5mcg/hr Patch mcg/hour, SIG: 1 patch to skin every 7 days, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female has complained of thoracic spine and lumbar spine pain since date of injury 2/13/13. She has been treated with acupuncture and medications to include opioids since at least 01/2015. The current request is for Butrans patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Butrans patch is not medically necessary.