

Case Number:	CM13-0015057		
Date Assigned:	10/04/2013	Date of Injury:	01/22/2013
Decision Date:	01/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 [REDACTED] senior legal office staff assistant, who has filed a claim for chronic low back pain, hip, and hand pain reportedly associated with cumulative trauma between the dates of January 1, 2007 and February 8, 2013, at work. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers and various specialties; and reported return to regular duty work. In a Utilization Review Report of August 8, 2013, the claims administrator denied a request for Medrox patches, denied a request for Flexeril, and denied a request for Naprosyn. The applicant's attorney later appealed, on August 21, 2013. An earlier progress note of June 11, 2013, is notable for comments that the applicant reports persistent back, hip, upper extremity, and neck pain. She has a pending court case. She is asked to pursue additional physical therapy. She has returned to regular duty work and is apparently issued various medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesic and topical compounds are "largely experimental." In this case, the applicant is using multiple first line oral analgesics, including Naprosyn, with seeming good effect. She has returned to regular duty work. The applicant's favorable response to Naprosyn effectively obviates the need for largely experimental topical compound. The request for Medrox patch #30 is not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (6/7/2013).

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

Decision rationale: The Chronic Pain Guidelines indicate that cyclobenzaprine or Flexeril is not recommended or endorsed for use in addition to other agents. In this case, the applicant is using numerous other analgesic medications, one of which, Naprosyn, which has been certified. Adding cyclobenzaprine or Flexeril to the mix is not indicated, particularly at the rate, frequency, and amount proposed by the attending provider. The request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not medically necessary and appropriate.

Naproxen Sodium tablets 550mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The Chronic Pain Guidelines indicate that anti-inflammatory medications such as Naprosyn (Naproxen) represents the traditional first-line of treatment for chronic low back pain. In this case, the applicant has seemingly responded favorably to an introduction of Naprosyn. She has returned to regular duty work. It is noted that documentation on file is sparse and that the attending provider has not detailed the applicant's response to each individual medications, or to the medications as a whole. Nevertheless, the request is certified on the grounds that applicant has demonstrated some functional improvement by returning to regular duty work and on the grounds anti-inflammatory medications are considered the tradition of first line of treatment for both acute and chronic pain issues. The request for Naproxen Sodium tablets 550mg #120 is medically necessary and appropriate.