

Case Number:	CM13-0032377		
Date Assigned:	12/11/2013	Date of Injury:	05/14/2013
Decision Date:	09/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has filed a claim for chronic low back pain reportedly associated with industrial injury of May 14, 2013. Thus far, the applicant has been treated with the following, analgesic medications; adjuvant medications; muscle relaxants; attorney representation; unspecified amounts of chiropractic manipulative therapy; and extensive periods off work. A September 9, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. She reports low back pain radiating to the bilateral legs, left greater than right. She has had manipulative therapy. She is apparently pending an epidural steroid injection. Authorization for the same is sought. An earlier note of August 27, 2013 was again notable for comments that the applicant reports 8/10 low back pain radiating to the legs. The applicant was again placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on the page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant did not seemingly meet the aforementioned criteria. The applicant remains off of work, on total temporary disability. She has failed to return to work. None of the progress notes provided document the presence of improved functioning and/or reduced pain effected because of ongoing Tramadol usage. Rather, the information, if anything, suggests that the applicant reports heightened pain despite ongoing medication usage. Therefore, the request is not certified.

UNKNOWN PRESCRIPTION OF FLEXERIL: Upheld

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

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

Decision rationale: As noted on the page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine or Flexeril is not recommended as an addition to other agents. In this case, the applicant is using at least two other oral analgesics, Naprosyn and Tramadol. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.

UNKNOWN PRESCRIPTION OF NAPROSYN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that anti-inflammatory medications, such as Naprosyn represent the traditional first-line of treatment for chronic low back pain and other chronic pain conditions, in this case, the applicant has seemingly used Naprosyn chronically. There is no evidence that functional improvement or diminished pain effected as a result of prior Naprosyn usage. The applicant has failed to return to work. The applicant is reporting heightened symptomatology despite ongoing Naprosyn usage. Continuing Naprosyn in the face of the applicant's failure to effect any functional improvement as defined in MTUS 9792.20f is not indicated. Therefore, the request is not certified.