

Case Number:	CM13-0039585		
Date Assigned:	12/20/2013	Date of Injury:	02/25/2009
Decision Date:	05/05/2014	UR Denial Date:	09/30/2013
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 is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on September 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; corticosteroid injection therapy; muscle relaxants; and proton pump inhibitors. In a Utilization Review Report of September 30, 2013, the claims administrator approved request for multilevel epidural steroid injections, approved urine drug screen, denied lidocaine patches, partially certified Naprosyn, denied Prilosec, and denied Fexmid (cyclobenzaprine). The partial certification of Naprosyn was based on the grounds that the 1250-mg dosage proposed by the attending provider was in excess of MTUS Guidelines. The applicant's attorney is subsequently appealed. Final Determination Letter for IMR Case Number [REDACTED]. A clinical progress note of November 1, 2013 is sparse, handwritten, difficult to follow, and not entirely legible. The applicant is described as off of work. Epidural steroid injection therapy is sought. The applicant is on Naprosyn, Prilosec, Neurontin, and Flexeril, it is stated. The applicant is again placed off of work, going forward. In a progress note of October 3, 2013, the primary treating provider (PTP) writes that the applicant has a history of gastroesophageal reflux disease (GERD) and that ongoing usage of Naprosyn has apparently worsened the applicant's issues with GERD. A September 17, 2013 progress note is again notable for comments that the applicant is using Naprosyn, Prilosec, Neurontin, lidocaine, and Flexeril for pain relief. The applicant is described as work off of work and is a "qualified injured worker," it is suggested. The applicant is given a shoulder corticosteroid injection in the clinic setting. Large portions of the progress note are handwritten, sparse, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG #200: 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 ANTI-INFLAMMATORY MEDICATIONS AND NSAIDS GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 22, 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen (Naprosyn) do represent the traditional first-line of treatment for various chronic pain issues, including the chronic low back pain reportedly present here. In this case, however, the applicant has used Naprosyn chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various other treatments, including epidural steroid injections, shoulder injections, and adjuvant medications, such as Neurontin. All of the above, taken together, imply that ongoing usage of Naprosyn has not been successful in terms of the parameters established in the MTUS. It is further noted that the applicant has developed some dyspepsia with ongoing usage of Naprosyn. The Guidelines also indicate that discontinuing the offending non-steroidal anti-inflammatory drug (NSAID) is an appropriate response to an applicant's developing of dyspepsia with NSAID therapy. For all of the stated reasons, the request is not certified, on Independent Medical Review.

FEXMID 7.5 MG #90: 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 CYCLOBENZAPRINE Page(s): 41.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that, as with Naprosyn and other medications the applicant has used, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through the prior usage of the same. The applicant is off of work, and is on total temporary disability. The applicant remains highly reliant on various medications and medical treatments. All of the above, taken together, imply a lack of functional improvement as defined in MTUS, despite the ongoing usage of Fexmid (cyclobenzaprine). Therefore, the request is not certified, on Independent Medical Review.

