

Case Number:	CM13-0053558		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1998
Decision Date:	03/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of November 1, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; topical compounds; transfer of care to and from various providers in various specialties; an 8% whole person impairment rating; and apparent return to some form of work at least as of 2012. In a November 6, 2013 Utilization Review Report, the claims administrator denied a request for Naprosyn, Flexeril, Zofran, and Medrox while approving a request for tramadol. In an earlier clinical progress note on June 5, 2013, the applicant is described as working full duty despite residual symptoms about the low back and left knee. The applicant states that she continues to use Naprosyn for pain relief despite the fact that it is generating some dyspepsia. The applicant states that usage of Naprosyn is providing her with appropriate analgesia and improved performance of activities of daily living despite dyspepsia. Naprosyn, Flexeril, Zofran, Medrox, and tramadol were endorsed. The applicant was given an 8% whole person impairment rating and given a proviso for future medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550 mg, 100 count: Overturned

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, the applicant has demonstrated appropriate functional improvement through prior usage of Naprosyn. The applicant has returned to regular duty work. The applicant does state that Naprosyn and other medications are facilitating performance of activities of daily living. Continuing Naprosyn, on balance, is indicated despite the applicant's symptoms of dyspepsia. As noted in the Chronic Pain Medical Treatment Guidelines, addition of a proton-pump inhibitor can be employed in those applicants who are experiencing dyspepsia with NSAIDs (non-steroidal anti-inflammatory drugs). For all these reasons, then, the original utilization review decision is overturned. The request for Naprosyn 550 mg, 100 count, was medically necessary and appropriate

Cyclobenzaprine 7.5 mg, 120 count: 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 in the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The request for cyclobenzaprine 7.5 mg, 120 count, is not medically necessary or appropriate.

Ondansetron 8 mg, 60 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website FDA.gov.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Ondansetron or Zofran is recommended in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no indication that the applicant had recent surgery, chemotherapy, or radiation therapy. Usage of Zofran on a regular, long-term basis is not indicated or supported by the FDA. The attending provider has not proffered any applicant-specific rationale so as to try and offset

the unfavorable FDA recommendation. The request for ondansetron 8 mg, 60 count, is not medically necessary or appropriate.

Medrox ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is described as using numerous first-line oral pharmaceuticals, including Naprosyn and tramadol, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for topical agents and topical compounds such as Medrox which are, according to the Chronic Pain Medical Treatment Guidelines "largely experimental. The request for Medrox ointment is not medically necessary or appropriate.