

Case Number:	CM13-0057824		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2009
Decision Date:	04/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 neck and shoulder pain reportedly associated with an industrial injury of August 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of massage therapy; extensive periods of time off work, on total temporary disability; and electrodiagnostic testing on November 6, 2012, notable for a left L5 radiculopathy. In a utilization review report of October 29, 2013, the claims administrator denied a request for Naprosyn, approved a request for Prilosec, partially certified cyclobenzaprine for weaning purposes, and partially certified Ultracet, also for weaning purposes. The applicant's attorney subsequently appealed. A clinical progress note of October 14, 2013 is notable for comments that the applicant reports persistent neck pain, shoulder pain, hand pain, and leg pain, all of which she attributes to a trip and fall industrial injury. She has known gastritis/gastroesophageal reflux disease. She is reportedly married with two children. She reports multifocal neck, shoulder, hand, and low back pain. She is no longer working as a housekeeper at the University of Southern California. She has not worked since 2011. Naprosyn, Flexeril, Ultracet, and Prilosec are endorsed, while the applicant remains off work, on total temporary disability. An earlier note of August 20, 2013 is notable for comments that the applicant is using Zestril, Protonix, Linzess, and Norco. The applicant was placed off work, on total temporary disability, at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 one by mouth every 12 hours with food: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The request for Naprosyn 550 mg #60 is not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, treatments for NSAID-induced dyspepsia can include cessation of the offending NSAID, switching to an alternate NSAID, and/or introducing an H2 antagonist or a proton pump inhibitor. In this case, it is further noted that it appears that the applicant has been on Naprosyn chronically and has failed to exhibit any lasting benefit or functional improvement despite prior usage of the same. The fact that the applicant remains highly reliant on various medications and medical treatments, coupled with the fact that the applicant remains off work, on total temporary disability, implies ongoing usage of Naprosyn has been unsuccessful. This, coupled with the fact that the applicant is also experiencing dyspepsia, should lead the attending provider to discontinue the offending NSAID, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Naprosyn is not certified, on independent medical review.

Cyclobenzaprine 7.5mg on by mouth every 12 hours as needed #60: 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 Page(s): 41.

Decision rationale: The request for cyclobenzaprine 7.5 mg #60 is also not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications, including Naprosyn, Norco, Ultracet, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.

Tramadol/APAP 37.5/325mg one by mouth every 6-8 hours: 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 Page(s): 78.

Decision rationale: The request for Ultracet or tramadol - acetaminophen 37.5-325 is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the applicant was described as previously using Norco in an earlier progress note of August 20, 2013. The attending provider did not clearly state why two separate short-acting opioids, namely Norco and Ultracet, are needed or indicated here. Therefore, the request for tramadol - acetaminophen is not certified, on independent medical review.