

Case Number:	CM13-0066948		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2010
Decision Date:	04/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/17/2013

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2010. Thus far, the applicant has been treated with analgesic medications, topical compounds; attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy over the life of the claim, electrodiagnostic testing of July 23, 2013, interpreted as negative and reported return to work. In a November 4, 2013 utilization review report, the claims administrator denied a topical compound, Naprosyn, Flexeril, Omeprazole, and Tramadol. The claims administrator denied all the medications on the grounds that the attending provider had not established any functional benefits through usage of the medications in question. The applicant's attorney subsequently appealed. The attending provider did prescribe many of these medications through an authorization form/prescription form of October 21, 2013, which did provide preprinted checkboxes and did not furnish much in the way of narrative commentary. On September 18, 2013, the applicant is described as reporting persistent neck pain, migraine headaches, a shoulder pain, and low back pain, with associated tenderness and spasm appreciated on exam. The applicant was apparently returned to regular duty work and asked to pursue physical therapy. An earlier note of January 23, 2013 is notable for comments that the applicant has had an upset stomach at times with usage of Naprosyn. The applicant has nevertheless used Naprosyn or other agents due to the temporary pain relief and improved performance of activities of daily living, which they afford him.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 22 of the California MTUS 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 reportedly present here. In this case, the documentation on file, while admittedly sparse at times, does establish the presence of ongoing functional improvement effected as a result of ongoing Naprosyn usage. The attending provider has stated that the applicant has returned to regular duty work despite having ongoing issues with neck, shoulder, and low back pain. The attending provider has written on various occasions over the life of the claim that the applicant is deriving appropriate analgesia and functional benefits through ongoing usage of Naprosyn and other agents. This, coupled with the fact that the applicant has in fact returned to regular work, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f as a result of ongoing Naprosyn usage. Accordingly, the request is certified, on independent medical review.

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

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

Decision rationale: 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 medications. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. Accordingly, the request is not certified, on independent medical review.

OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, an earlier note of January 23, 2013 did suggest that the applicant was having symptoms of dyspepsia-induced with Naprosyn usage. Usage of Omeprazole, a proton-pump inhibitor, to combat the same is indicated and appropriate. Therefore, the request is certified, on independent medical review.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Tramadol is a synthetic opioid. As noted on 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 functioning, and reduced pain effected as a result of the same. In this case, the applicant has returned to work. The attending provider has suggested, albeit incompletely, that the applicant is deriving appropriate analgesia and improved performance of activities of daily living as a result of the same. Ongoing usage of tramadol is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.