

Case Number:	CM14-0109358		
Date Assigned:	09/16/2014	Date of Injury:	12/26/2012
Decision Date:	11/13/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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, mid back pain, and neck pain reportedly associated with an industrial injury of December 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and trigger point injection therapy. In a Utilization Review Report dated June 22, 2014, the claims administrator failed to approve request for Cyclobenzaprine and Ibuprofen. The applicant's attorney subsequently appealed. In a January 31, 2014 progress note, the applicant reported persistent complaints of low back pain, moderate-to-severe, unchanged since last visit. The applicant had been laid off in May 2013, it was suggested. The applicant's medications included Naprosyn, Zanaflex, and Cymbalta, it was noted. The applicant was not receiving any income from any source, it was stated. Multiple medications were endorsed, including Naprosyn, Zanaflex, and Cymbalta. The applicant was given a 35-pound lifting limitation. Manipulative therapy was apparently sought. In a June 12, 2014 progress note, the applicant reported persistent complaints of low back pain, mid back pain, and fibromyositis. The applicant's medication list included Naprosyn, Norco, Motrin, and Flexeril. The applicant was depressed, it was acknowledged. It was stated in the social history section of the report that the applicant remained "unable to work." Prescriptions for Motrin and Flexeril were endorsed. It was stated that the applicant was "disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90 Refills 5: 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 request for Cyclobenzaprine is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is apparently using a variety of other agents, including Naprosyn, Motrin, Norco, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Ibuprofen 800mg #60 Refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): PAGE 71, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-Inflammatory Medications Page(s).

Decision rationale: The request for Ibuprofen, an anti-inflammatory medication, is not medically necessary. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate applicant-specific variables, such as "other medications" into its choice of recommendations. In this case, the prescribing provider has not stated why the applicant needs to use two separate anti-inflammatory medications, ibuprofen or Naprosyn. Therefore, the request is not medically necessary.