

Case Number:	CM14-0016082		
Date Assigned:	06/11/2014	Date of Injury:	01/03/2012
Decision Date:	07/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 reportedly associated with an industrial injury of January 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; unspecified amounts of acupuncture; apparent diagnosis with a T9 compression fracture; and apparent return to work as a chemist. In a Utilization Review Report dated January 30, 2014, the claims administrator approved a request for six sessions of pain psychology, partially certified a request for cyclobenzaprine, and partially certified a request for Naprosyn. The claims administrator stated that the partial certification was intended to reflect part-time, prn usage of cyclobenzaprine. Overall rationale was somewhat difficult to follow. The claims administrator did not incorporate cited guidelines into its rationale. The claims administrator, moreover, also alluded to prior Utilization Review Report in its decision. On October 17, 2013, the applicant was reportedly working regular duty as a chemist, it was stated. He was having difficulties in terms of performance of activities of daily living. Six sessions of acupuncture were sought at this point. Electrodiagnostic testing of May 20, 2014 was suggestive of a left L5-S1 radiculopathy. On May 21, 2014, the applicant was described as using cyclobenzaprine, Dulera, Lexapro, Naprosyn, Zyrtec, and albuterol. It was stated that the applicant was having issues with anxiety and depression. The applicant was working on a full-time basis as a chemist, in a lab setting, which involved doing computer work. The applicant was using Naprosyn and cyclobenzaprine on an as-needed basis. It was stated that the applicant was not using cyclobenzaprine on a daily basis. It was stated that Naprosyn was the applicant's first-line medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Cyclobenzaprine 5mg, #30 with one (1) refill: Upheld

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

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

Decision rationale: While page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of cyclobenzaprine as an option, using as short-course of therapy, in this case, however, the 30-tablet one-refill supply of cyclobenzaprine being sought seemingly represents scheduled, nightly, and/or protracted use of the same. This is not an appropriate usage of cyclobenzaprine, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

(1) Naprosyn 500mg, #30 with one (1) refill: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines anti-inflammatory medications such as Naprosyn do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the attending provider has posited that ongoing usage of Naprosyn has been successful. The applicant has achieved and/or maintained successful return to work status with ongoing usage of Naprosyn. The attending provider has posted that the applicant is deriving appropriate analgesia through ongoing Naprosyn usage, it is further noted. There is, thus, evidence of functional improvement as defined in MTUS 9792.20f which would support continuation of Naprosyn. Accordingly, the request is medically necessary.