

Case Number:	CM14-0017729		
Date Assigned:	07/07/2014	Date of Injury:	05/29/2009
Decision Date:	08/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 pain syndrome, psychological stress, insomnia, and adjustment disorder reportedly associated with an industrial injury of May 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers, including an ophthalmologist, who apparently performed a pinguecula excision at one point in time; and cervical epidural steroid injection therapy. In January 6, 2014, utilization review report, the claims administrator denied a request for Naprosyn, topical Fluoroflex, and a Functional Capacity Evaluation; and unspecified amounts extracorporeal shockwave therapy. On July 19, 2013, the applicant was placed off of work, on total temporary disability owing to multifocal risk, neck and mid back pain complaints. On June 3, 2013, it was stated that the applicant was pending a pinguecula excision surgery. On August 28, 2013, 12 sessions of physical therapy, Naprosyn, Fluoroflex, and Omeprazole were endorsed. The applicant also reported highly variable 5 to 7/10 multifocal pain complaints. Work restrictions were likewise provided, although it is unclear whether the applicant was in fact working or not. On September 13, 2013, the applicant was again prescriptions for Fluoroflex, Naprosyn, Omeprazole, physical therapy, and drug testing. The applicant was placed off of work, on total temporary disability, for an additional one month. The applicant was subsequently placed off of work in several progress notes interspersed throughout late 2013. In a permanent and stationary report dated January 17, 2014, it was acknowledged that the applicant was not working and would not be returning to work with permanent limitations in place. An impairment rating was issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG # 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 Anti-Inflammatory, Medications Page(s): 22,7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here. This recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain complaints as high as 7 to 8/10, despite ongoing Naprosyn usage. The attending provider has not outlined how (or if) ongoing Naprosyn usage has been beneficial. Therefore, the request for Naprosyn is not medically necessary.

Fluriflex 180 GM: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: One of the ingredients in the topical compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine or Flexeril are not recommended for topical compound formulation purposes. Since the one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate functional impairment into limitation and restrictions. In this case, however, the applicant has already been given permanent work restrictions. The applicant does not seemingly have a job to return to. The applicant does not appear to be intent on returning to the workplace and/or work force. It is not clearly stated why formal quantification of the applicant's abilities and capabilities is needed here. Therefore, the request is not medically necessary.