

Case Number:	CM14-0158412		
Date Assigned:	10/01/2014	Date of Injury:	12/23/2012
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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, knee, and shoulder pain reportedly associated with an industrial injury of December 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 7, 2014, the claims administrator failed to approve requests for Flexeril and tramadol. The claims administrator apparently partially approved a request for Naprosyn and stated that the attending provider should make an effort to document the applicant's blood pressure while on NSAIDs. The applicant's attorney subsequently appealed. In a progress note dated May 19, 2014, the applicant reported ongoing complaints of pain, reportedly unchanged. The applicant had not returned to work, it was acknowledged. A rather proscriptive 10-pound lifting limitation was again renewed. Urine drug testing and additional manipulative therapy were sought. On April 14, 2014, the applicant was given refills of Naprosyn, Methoderm, and Norflex. Manipulative therapy was sought. The same, unchanged 10-pound lifting limitation was endorsed. The applicant reported 6-7/10 pain complaints. The attending provider suggested that the applicant's pain complaints were diminished with medication but did not quantify the extent of the same. In a September 7, 2013 progress note, the applicant was given prescriptions for Naprosyn, Prilosec, Zanaflex, and Norco. The same, unchanged, a rather proscriptive 10-pound lifting limitation was again endorsed, which the attending provider acknowledged the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS #90: 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 Antiinflammatory Functional Restoration Approach to Chronic Pain Management 9792.20f Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medication such as Anaprox do represent the traditional first-line 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 fact that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant is off of work. A rather proscriptive 10-pound lifting limitation seemingly remains in place, unchanged, from visit to visit. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Naprosyn usage. Ongoing Naprosyn usage has failed to curtail the applicant's dependence on opioid agents such as tramadol and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 #60: Upheld

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

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, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ultram 150 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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is off of work. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultram (tramadol) usage. Therefore, the request is not medically necessary.