

Case Number:	CM14-0170807		
Date Assigned:	10/23/2014	Date of Injury:	08/11/2014
Decision Date:	11/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 low back, mid back, ankle, leg, and foot pain reportedly associated with an industrial injury of August 11, 2014. In a September 29, 2014 Utilization Review Report, the claims administrator failed to approve a request for Flexeril, Naproxen, and Ultracet. The claims administrator stated that it could not support the request for naproxen on the grounds that the applicant was previously using Motrin. The claims administrator stated that it could not approve Naproxen without speaking to the attending provider. The attending provider stated that it was denying Ultracet on the grounds that the attending provider had failed to provide pain scores. The claims administrator did not state what MTUS Guidelines that it was basing its position on. Non-MTUS ODG Chronic Pain Guidelines were seemingly invoked in the denial along with MTUS Guidelines. The applicant's attorney subsequently appealed. In a September 19th initial evaluation/pain management evaluation, the applicant reported 5-8/10 low back, right leg, and knee pain. The applicant was reportedly transferring care from another provider, it was noted. The applicant's medication list reportedly included naproxen and Flexeril. Electrodiagnostic testing of the right lower extremity was endorsed owing to worsening paresthesias about the right leg. The applicant was given prescriptions for tramadol-acetaminophen, cyclobenzaprine, and naproxen. Urine drug screen was endorsed. The applicant was reportedly using crutches to move about. Aquatic therapy was endorsed. The applicant was given work restrictions which the attending provider acknowledged would result in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Pain, Muscle Relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): TABLE 3-1, PAGE 49; PAGE 47, MUSCLE RELAXANTS.

Decision rationale: 1. No, the request for Flexeril, a muscle relaxant, is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, muscle relaxants such as Flexeril are "not recommended." ACOEM Chapter 3, page 47 further notes that the addition of muscle relaxants to NSAIDs has "no demonstrated benefit." In this case, the applicant is in fact concurrently using naproxen, an NSAID medication. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ultracet 37.5/325mg 1 tab TID #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Opioids, Criteria for use

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): TABLE 3-1, PAGE 49.

Decision rationale: 2. Conversely, the request for Ultracet, a synthetic opioid, is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, a short course of opioids is "optional" as part of initial approaches to treatment. In this case, the attending provider seemingly posited that NSAID therapy alone was insufficient to control the applicant's complaints of low back, right leg, and right knee pain. Introduction of Ultracet was therefore indicated on or around the date in question, September 19, 2014. Therefore, the request was/is medically necessary.

Anaprox DS 1 tab q8h #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Pain, NSAIDs (non-steroidal anti-inflammatory drugs)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): TABLE 3-1, PAGE 49.

Decision rationale: 3. Finally, the request for Anaprox (naproxen), an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, NSAIDs such

as naproxen are "recommended" as part of initial approaches to treatment. In this case, the applicant was experiencing fairly significant complaints of knee, leg, and low back pain at the moderate-to-severe level, 5-8/10. Usage of naproxen was indicated to combat the same. Therefore, the request was medically necessary.