

Case Number:	CM14-0176780		
Date Assigned:	10/30/2014	Date of Injury:	10/08/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 neck, shoulder, wrist, and hip pain reportedly associated with an industrial injury of October 8, 2013. Thus far, the applicant has been treated with the following medications: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated October 16, 2014, the claims administrator did not approve a request for Naproxen and Ultram. The applicant's attorney subsequently appealed. In a progress note September 29, 2014, the applicant presented with multifocal complaints of neck, hip, shoulder, and wrist pain, 6-8/10. The attending provider stated that the applicant's wrist pain had resolved in one section of the note, while the attending provider then stated that the applicant reported daily 6/10 wrist pain in another section of the note. The applicant was reportedly using Naproxen, Tramadol, Norvasc, Hydrochlorothiazide, Losartan, and Naproxen. Multiple medications were refilled. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought. There was no explicit discussion of medication efficacy. In an earlier note dated July 18, 2014, the applicant again reported multifocal neck, shoulder, hip, and low back pain, ranging from 6-9/10, worsened by activities as basic as brushing his teeth and combing his hair. The applicant was given prescriptions for Naproxen and Tramadol and kept off of work, on total temporary disability. The applicant was refills of Naproxen and Tramadol. Work restrictions were endorsed, apparently resulting in the applicant's removal from the workplace. The applicant was having difficulty with a variety of activities of daily living, including showering, dressing himself, combing his hair, writing, typing, standing, walking, driving, and/or riding. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Anaprox 1 Tablet a Day as Needed (Dose, Refill-Not Specified) Related to The Cervical Spine, Right Shoulder, Right Wrist and Right Hip Injuries As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory; Functional Restoration Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here, this recommendation, however, 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 some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability, despite ongoing Naproxen (Anaprox) usage. Ongoing Naproxen (Anaprox) usage, has, not curtailed the applicant's dependence on opioid agents such as Ultram. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Ultram 1 Tablet a Day as Needed (Dose, Refill-Not Specified) Related to The Cervical Spine, Right Shoulder, Right Wrist and Right Hip Injuries As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

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 successfully returning to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work, on total temporary disability. The applicant is still having difficulty performing activities of daily living as basic as combing his hair, brushing his teeth, lifting, carrying, pushing, pulling, standing, walking, etc. The attending provider has, not outlined any quantifiable decrements in pain achieved as a result of ongoing Ultram usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.