

<b>Case Number:</b>	CM14-0077645		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, shoulder, and elbow pain reportedly associated with an industrial injury of November 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and opioid therapy. In a Utilization Review Report dated May 21, 2014, the claims administrator failed to approve request for naproxen, cyclobenzaprine, and tramadol. A variety of x-rays, however, were approved. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 24, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck, mid back, low back, bilateral shoulder, and bilateral knee pain, 6-7/10, apparently attributed to cumulative trauma over work. The attending provider posited that the applicant's physical modality treatments, topical compounds, and medications were slowly helping. This was not quantified, however. Twelve sessions of manipulative therapy, topical compounded medications, x-rays of the cervical spine, lumbar spine, and thoracic spine, and a rather proscriptive 15-pound lifting limitation was endorsed. It was not clearly stated what medications the applicant was taking on this date as the attending provider seemingly stated that he was refilling the applicant's medication under a separate cover, again, through preprinted checkboxes. In a Functional Capacity Evaluation report dated April 24, 2014, it was suggested that the applicant was not working but was a candidate for vocation rehabilitation. In a handwritten note dated June 4, 2014, the applicant reported ongoing complaints of shoulder pain, wrist pain, and carpal tunnel syndrome. Wrist brace was endorsed, along with a cold unit. On June 19, 2014, the applicant's dentist posited that the applicant developed obstructive sleep apnea. An oral airway appliance was endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7, 8, 22.

**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, 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. In this case, however, the attending provider's handwritten progress note of April 24, 2014 did not explicitly mention naproxen by name. The attending provider, while generically stating that medications were helping, did not outline any quantifiable decrements in pain or material improvements in function achieved as result of ongoing naproxen usage. The attending provider comments that the applicant's medications were helping were belied by applicant's failure to return to work and continuing complaints of pain in the 6-7/10 range on April 24, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen.

**Cyclobenzaprine 7.5mg:** Upheld

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

**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. Here, the applicant is, in fact, using a variety of other agents, including naproxen and tramadol. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

**Tramadol 150mg:** Upheld

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

**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 function, and/or reduced pain achieved as result of the same. Here, however, the applicant is seemingly off of work. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as result of ongoing tramadol usage in the April 24, 2014 progress note, referenced above, which suggested that the applicant was reporting 6-7/10 pain and was having difficulty performing basic activities of daily living such as repetitive walking. All of the foregoing, taken together, does not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.