

Case Number:	CM14-0082399		
Date Assigned:	06/20/2014	Date of Injury:	02/12/2009
Decision Date:	07/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 pain reportedly associated with an industrial injury of February 12, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representations, muscle relaxants, unspecified amounts of physical therapy, earlier shoulder surgery and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 15, 2014, the claims administrator denied or partially denied a request for Tramadol, Naprosyn, and Cyclobenzaprine. The applicant's attorney subsequently appealed. A September 19, 2013 progress note was notable for comments that the applicant reported persistent complaints of low back, hip, and shoulder pain with a derivative complaint of sleep disturbance and depression. The applicant stated that she had elected to stop working and had, furthermore, been placed off of work, on total temporary disability. The applicant's medication list was not provided on that occasion. In an October 7, 2013 progress note, the applicant was again placed off of work, on total temporary disability, owing to complaints of shoulder and low back pain. Multiple progress notes interspersed throughout late 2013 and early 2014 reiterated the fact that the applicant was not working. On April 7, 2014, the applicant was described as not having worked since 2009. The applicant's medication list was provided. The applicant was asked to obtain home exercise kits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg od PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 as a result of the same. In this case, however, the applicant is off of work. The progress note provided did not make any mention of any improvements in terms of performance of non-work activities of daily living or any reductions in pain achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Naproxen Sodium tablets 550mg once every twelve (12) hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. MTUS 9792.20f. 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 Naprosyn do represent a traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. In this case, however, the applicant is off of work, on total temporary disability. There is no documentation or mention of medication efficacy insofar as Naprosyn is concerned. There is no evidence that the applicant has achieved any lasting benefit or functional improvement in terms of the parameters established in Section 9792.20f through ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg by mouth (po) every eight (8) hours PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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

