

Case Number:	CM14-0200197		
Date Assigned:	12/10/2014	Date of Injury:	06/30/2011
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 June 30, 2011. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve request for Cyclobenzaprine, Fenopropfen, and Tramadol. The claims administrator referenced a November 6, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In an October 30, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant was unable to work. The applicant was status post epidural steroid injection therapy, it was noted. 4-/5 left lower extremity strength was appreciated versus 5/5 right lower extremity strength. There was no discussion of medication selection or medication efficacy on this date. The applicant's complete medication list was not detailed. On June 19, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was asked to consult a spine surgeon. The applicant was given prescriptions for naproxen and Norco. The applicant's work status was not clearly detailed. There was no explicit discussion of medication efficacy. On November 6, 2014, the applicant was given prescriptions for Cyclobenzaprine, Fenopropfen, and Tramadol. The prescriber furnishing these medications was different from the provider who furnished the applicant with naproxen and Norco. The applicant reported 9/10 pain. The applicant was reportedly in significant pain. The attending provider stated that the medications were reducing the applicant's pain scores by 50% and stated that the medications were allowing the applicant to perform activities of self-care and personal hygiene. Prilosec was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #60: Upheld

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

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 was/is apparently using Norco, Naproxen, Fenoprofen, Tramadol, i.e., many other agents. Addition of Cyclobenzaprine to the mix is not recommended. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment well beyond the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Fenoprofen 400 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Fenoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain 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 "efficacy of medication" into his choice of recommendations and should, furthermore, incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, one of the applicant's prescribing physician is furnishing the applicant with prescriptions for Fenoprofen (Nalfon), while a second provider has furnished the applicant with a prescription for naproxen. It is not clear why the applicant is using two separate NSAIDs furnished by two separate prescribers. Furthermore, neither provider has established the presence of a significant functional benefit achieved as a result of ongoing medication consumption, including ongoing Fenoprofen consumption. The applicant remains off of work. 9/10 pain was evident on the November 6, 2014 office visit, referenced above. The attending provider's comments to the effect that the applicant is able to perform activities of self-care and personal hygiene with medication consumption do not constitute material or substantive benefit with the same. Ongoing usage of Fenoprofen has, furthermore, 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 Chronic Pain Guidelines, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78; 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should receive prescriptions for opioids from one provider. Here, however, the applicant is seemingly receiving the prescription of Tramadol from one provider and is concurrently receiving prescriptions for Norco from a second provider. This is a less-than-optimal prescribing pattern. Furthermore, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has seemingly failed to return to work. The attending provider has failed to outline any meaningful improvements in function achieved as a result of ongoing opioid consumption, including ongoing Tramadol usage. The attending provider's comments to the effect that the applicant's ability to perform activities of self-care and personal hygiene with medication consumption do not, in and of themselves, constitute evidence of a meaningful or substantive benefit achieved as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.