MAXIMUS Federal Services

Case Number:	CM15-0102415		
Date Assigned:	06/04/2015	Date of Injury:	07/30/2014
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41-year-old who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of July 30, 2014. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Naprosyn, Flexeril, and Prilosec. The claims administrator referenced a RFA form received on May 8, 2015 and an associated progress note of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. Cervical radicular pain complaints were reported. A spine specialty consultation was endorsed. A rather proscriptive 10-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On February 19, 2015, the attending provider stated that the applicant transferred care to a new primary treating provider. It was acknowledged that the applicant had been terminated by her former employer and was not, consequently, working. MRI imaging of the lumbar spine, manipulative therapy, home stretching exercise, Motrin, Prilosec, and methadone were endorsed. On March 27, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue physical therapy and unspecified medications. No discussion of medication efficacy transpired. 7-8/10 multifocal complaints of neck, low back, and bilateral knee pain were reported. On April 12, 2015, the applicant was again placed off of work, on total temporary disability, for additional six weeks. Prilosec, Naprosyn, Flexeril, and unspecified topical compounded creams were endorsed, as was

additional manipulative therapy. A lumbar support was also sought. The applicant was placed off of work for additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. 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 using Naprosyn, methadone, and other unspecified topical compounded agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the renewal request for Flexeril represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant had been using cyclobenzaprine (Flexeril) for a minimum of several months as of the date of the request. Therefore, the request was not medically necessary.

Naproxen (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

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

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, 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 was off of work, despite ongoing Naprosyn usage. The applicant was on total temporary disability, as of progress notes of March 27, 2015 and April 12, 2015. No discussion of medication efficacy seemingly transpired on those dates, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Naprosyn usage. Therefore, the request was not medically necessary.

Prilosec 20mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on handwritten, largely illegible progress notes of March 27, 2015 and April 12, 2015. Therefore, the request was not medically necessary.