

Case Number:	CM15-0136235		
Date Assigned:	07/24/2015	Date of Injury:	03/26/2014
Decision Date:	09/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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 38-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 26, 2014. In a utilization review report dated June 23, 2015, the claims administrator failed to approve a request for Flexeril, Motrin, Prilosec, and eight sessions of acupuncture. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. A progress note dated June 11, 2015 was also cited. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of low back and shoulder pain, 8/10, present 90% of the time. The applicant reported burning and severe pain complaints. Any kind of movement or activity, including lifting, pulling, pushing, driving, bending, turning, walking, driving, and working remained problematic. The applicant contended that she was having difficulty getting dressed and bathing herself secondary to her pain complaints. Tramadol, Flexeril, Motrin, and Prilosec were endorsed. Additional acupuncture was sought. The applicant was given a rather proscriptive 10-pound lifting limitation. It was suggested (but not clearly stated) that the applicant was not working with said limitation in place. There was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia at this point. On July 16, 2015, the same, unchanged 10-pound lifting limitation was renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Tramadol, Flexeril, Motrin, and Prilosec were prescribed. There was no mention of the applicant's having any symptoms of reflux, heartburn, and/or dyspepsia on this date. The attending provider posited that the applicant's ability to wash dishes and clean her room had been ameliorated as a result of ongoing medication consumption. The attending

provider then stated in another section of the note that the applicant's pain complaints were severe and present 90% of the time, exacerbated by lifting, pushing, pulling, carrying, twisting, turning, bending, driving, and working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (unspecified amount): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, in fact, using a variety of other agents, including Motrin, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the attending provider's progress notes of June 11, 2015 and July 16, 2015 both suggested that the applicant was using Flexeril (cyclobenzaprine) on a nightly basis. Such usage, however, 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. Therefore, the request was not medically necessary.

Ibuprofen (unspecified amount): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for ibuprofen, 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 ibuprofen 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 and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the same, unchanged, somewhat proscriptive 10-pound lifting limitation was renewed, unchanged, from visit to visit, despite ongoing usage of ibuprofen. Ongoing usage of ibuprofen failed to curtail

the applicant's dependence on opioid agents such as tramadol. The applicant continued to report pain complaints as high as 8/10 despite ongoing ibuprofen usage, it was acknowledged on June 11, 2015 and July 16, 2015. Activities as basic as bathing, dressing, cleaning, cooking, lifting, pushing, and pulling remained problematic, the treating provider reported on those dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Prilosec (unspecified amount): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 Guideline does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, multiple progress notes referenced above of June and July 2015 made no mention of the applicant's personally experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID- induced or stand-alone. Therefore, the request was not medically necessary.

Acupuncture x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(e), here, however, there is no such demonstration of functional improvement as defined in Section 9792.20(e) evident on progress notes of June 11, 2015 and July 15, 2015. A rather proscriptive 10-pound lifting limitation was renewed, unchanged, on those dates, despite receipt of earlier unspecified amounts of acupuncture. The applicant remained dependent on a variety of analgesic medications to include tramadol, Flexeril, Motrin, etc. Pain complaints as high as 8/10 were reported. The applicant continued to report difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, getting dressed, bathing, working, any type of movement, etc. All of the foregoing, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for an additional eight sessions of acupuncture was not medically necessary.