MAXIMUS Federal Services

Case Number:	CM15-0137184		
Date Assigned:	07/27/2015	Date of Injury:	11/04/2010
Decision Date:	09/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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 [redacted] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 4, 2010.In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve requests for Naprosyn, Flexeril, and several topical compounded agents. The claims administrator referenced a June 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant was placed off work, on total temporary disability. Multifocal complaints of neck, low back, shoulder, and foot pain were reported, highly variable, 2-7/10. Extracorporeal shockwave therapy for the lumbar spine, Naprosyn, Flexeril, and several topical compounded medications were endorsed while the applicant was placed off work. No seeming discussion of medication efficacy transpired. On June 12, 2015, the applicant was previously given Naprosyn, Flexeril, and several topical compounded medications. 7/10 pain complaints were reported. No seeming discussion of medication efficacy transpired. The applicant was asked to pursue extracorporeal shockwave therapy for the shoulder on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68, 73.

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: No, the request for Naprosyn, an anti-inflammatory medication, was 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 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 applicant remained off work, on total temporary disability, it was acknowledged on July 10, 2015, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's usage of topical compounded agents or diminish the applicant's reliance on other forms of medical treatment, such as extracorporeal shockwave therapy. The applicant continued to report pain complaints as high as 7/10, despite ongoing Naprosyn usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise 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 the Naprosyn also at issue as well as several topical compounded agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue implies chronic, long-term, and/or twice-daily usage of the same, i.e., usage in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Topical cream, HMPHCC2 - Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone Micro .2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for a flurbiprofen-baclofen-camphor containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Topical cream, HNPC1 - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Finally, the request for amitriptyline-gabapentin-bupivacaine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.