MAXIMUS Federal Services

Case Number:	CM15-0137501		
Date Assigned:	07/27/2015	Date of Injury:	01/12/2014
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 12, 2014. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Naprosyn, Fexmid, and Neurontin. The claims administrator referenced an RFA form received on June 24, 2015 in its determination. A June 16, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On an RFA form dated June 16, 2015, Tramadol, Naprosyn, Fexmid, Neurontin, Sonata, and a pain management consultation were endorsed. In a supplemental report dated June 12, 2015, the attending provider reviewed the report of a Qualified Medical Evaluator (QME). Medication selection and medication efficacy were not discussed or detailed. Electro diagnostic testing of bilateral lower extremities dated December 17, 2014 was interpreted as negative. Medication selection and medication efficacy were not discussed or detailed. The applicant was described as using Sonata as of an earlier appeal letter dated March 27, 2015. The remainder of the file was surveyed. It did not appear that any complete primary treating provider (PTP) progress notes were incorporated into the IMR packet. In a Qualified Medical Evaluation (QME) dated February 23, 2015, the applicant was deemed permanent and stationary. Permanent work restrictions were imposed. It was not clearly stated whether the applicant was or was not working at this point. 10/10 pain complaints were noted. The applicant had undergone an epidural steroid injection. Medication selection and/or medication efficacy were, once again, not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox #60: Upheld

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

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

Decision rationale: No, the request for Anaprox (naproxen), 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 naproxen do represent a 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 "efficacy of medication" into his choice of recommendations. Here, however, the information on progress note provided contained no mention of or references to medication efficacy. It was not stated whether ongoing usage of naproxen had or had not proven effective here. The applicant's work and functional status were not clearly recounted. No completed primary treating provider (PTP) progress notes were incorporated into the IMR packet. The information on file, however, failed to establish whether or not ongoing usage of naproxen had proven effective here. Therefore, the request was not medically necessary.

Fexmid #60: Upheld

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

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

Decision rationale: Similarly, the request for Fexmid (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 (Fexmid) to other agents is deemed "not recommended." Here, the applicant was using a variety of agents, including Neurontin and Naprosyn, at a minimum. Adding Cyclobenzaprine or Fexmid to the mix was not recommended. It is further noted that the 60-tablet supply of Fexmid at issue represents 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.

Neurontin #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Finally, the request for Neurontin (Gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved because of the same. Here, however, no completed primary treating provider (PTP) progress notes were seemingly incorporated into the IMR packet. Multiple office visits, referenced above, made no mention of medication selection or medication efficacy. It was not established whether the applicant had or had not demonstrated improvement with ongoing Neurontin usage in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant's work and functional status were unknown. Therefore, the request was not medically necessary.