MAXIMUS Federal Services

Case Number:	CM15-0199674		
Date Assigned:	10/14/2015	Date of Injury:	11/20/2013
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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 56-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 20, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for Naprosyn and Flexeril. The claims administrator referenced an August 10, 2015 office visit in its determination. The claims administrator's medical evidence log, however, stated that the most recent note on file was in fact dated March 10, 2015; thus, the August 10, 2015, office visit, which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On March 10, 2015, the attending provider stated that he should be allowed to continue treating the applicant on the grounds that there were an insufficient number of treating providers equipped to treat the applicant within the claims administrator's Medical Provider Network (MPN). There was no mention of either Naprosyn or Flexeril being employed at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, is 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, 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 ACEOM 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 August 10, 2015 progress note at issue was not seemingly incorporated into the IMR packet. Historical notes on file failed to establish evidence of medication efficacy insofar as usage of Naprosyn was concerned. The applicant's work and functional status were unknown. While it was acknowledged that the August 10, 2015 office visit, which the claims administrator based its decision upon, was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request is not medically necessary.

Flexeril 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is deemed "other recommended." Here, the applicant was seemingly using at least one other agent, Naprosyn. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of cyclobenzaprine at issue, moreover, represented treatment in excess of the "short course of therapy" for which Flexeril (cyclobenzaprine) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. While it is acknowledged that the August 10, 2015 office visit, on which the claims administrator based its decision upon, was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request is not medically necessary.