

Case Number:	CM15-0219324		
Date Assigned:	11/12/2015	Date of Injury:	05/27/2014
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/07/2015

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 shoulder, mid back, knee, neck, and hip pain reportedly associated with an industrial injury of May 27, 2014. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for Flexeril, naproxen, and Norco. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, the applicant reported ongoing issues with chronic shoulder, neck, mid back, hip, and knee pain. The applicant presented to obtain medication refills. The applicant was described as having sustained an acute flare in pain complaints. Naproxen, Flexeril, and Norco were all seemingly renewed. The applicant's work status was not explicitly detailed, although the treating provider stated toward the top of the note that the applicant became very sore toward the end of the workday, suggesting that the applicant was, in fact, working. The treating provider contended that the applicant's medications were facilitating performance of unspecified activities of daily living. On September 16, 2015, the applicant was placed off of work, on total temporary disability, while Norco, naproxen, and Flexeril were all seemingly endorsed. On associated RFA forms dated September 21, 2015 and October 14, 2015, naproxen, Norco, Flexeril, MRI imaging of the knee, and MRI imaging of the hip were all seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the date(s) in question, September 16, 2015 and October 19, 2015. The applicant was seemingly placed off of work, on total temporary disability, through October 31, 2015 on the September 16, 2015 office visit. While portions of the attending provider's October 19, 2015 office visit suggested that the applicant was working, this was not explicitly detailed. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on the date(s) in question. Therefore, the request was not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: Similarly, the request for naproxen, 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 naproxen do represent the traditional first-line 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 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, ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. The applicant was placed off of work, on total temporary disability, on September 16, 2015. The applicant's work status was not clearly reported on October 19, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Flexeril 10mg #30: 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: Finally, the request for Flexeril 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 deemed not recommended. Here, the applicant was, in fact, concurrently using at least 2 other agents, Norco and naproxen. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet supply of Flexeril at issue, in and of itself, 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.