

Case Number:	CM15-0035060		
Date Assigned:	03/03/2015	Date of Injury:	07/15/2010
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/24/2015

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 65-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 15, 2010. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve requests for Naprosyn, cyclobenzaprine, and tramadol. The claims administrator referenced a January 5, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone a failed cervical fusion surgery. The applicant's attorney subsequently appealed. In an appeal letter dated February 25, 2015, the attending provider also stated that he, too, was appealing. The appeal letter was highly templated, however, and comprised almost entirely of cited guidelines, with no applicant-specific commentary furnished. On June 30, 2014, the applicant reported 8-9/10 pain without medications versus 5/10 with medications. The applicant was placed off of work, on total temporary disability. Toradol injection was administered while Neurontin, Naprosyn, Norflex, Norco, and tramadol were all renewed. On January 5, 2015, the applicant was asked to pursue 12 additional sessions of physical therapy. 7-8/10 pain without medications versus 5/10 with medications was appreciated. The applicant was apparently using Norco, tramadol, Cymbalta, Prilosec, Naprosyn, and Flexeril, several of which were refilled. Another Toradol injection was administered in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS Naproxen sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 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, 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 medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Fexmid Cyclobenzaprine 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Cyclobenzaprine Page(s): 64.

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

Decision rationale: Similarly, the request for cyclobenzaprine, an antispasmodic medication, 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/is using a variety of other agents, including Norco, tramadol, Naprosyn, Cymbalta, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine 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.

Ultram tramadol HCL extended release (ER) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Tramadol; Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Ultram (tramadol), a synthetic opioid, was likewise 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 was/is off of work, on total temporary disability, despite ongoing tramadol usage. While the attending provider did recount some reported reduction in pain scores reportedly effected as a result of ongoing tramadol usage, this was, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage (if any). Therefore, the request was not medically necessary.