

Case Number:	CM15-0035084		
Date Assigned:	03/03/2015	Date of Injury:	08/25/2011
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 25, 2011. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for Motrin, Flexeril, and Norco. The claims administrator referenced a January 26, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a December 29, 2014 progress note, the applicant reported persistent, multifocal complaints of upper back pain, mid back pain, low back pain, elbow pain, hand pain, knee pain, and ankle pain, highly variable, 5-9/10. The applicant was not working, it was acknowledged. Ambien was renewed, along with a rather proscriptive 10-pound lifting limitation, which was effectively resulting in the applicant's removal from the workplace. Medication selection and medication efficacy were not detailed. In an applicant questionnaire dated January 19, 2015, it was acknowledged that the applicant was not working. 8-10/10 multifocal pain complaints were reported. In an associated progress note of January 19, 2015, the applicant reported 9/10 neck pain, back pain, and headache. The applicant was using a variety of medications, including Norco, Ambien, Motrin, Zestril, Prilosec, and metformin. The applicant did report issues with intermittent nausea, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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 Motrin, 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 Motrin 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 work, despite ongoing Motrin usage. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report pain complaints as high as 8-10/10. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Similarly, the request for Flexeril (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 using a variety of other agents, including Norco, Motrin, etc. It is further noted that the 90-tablet, three-refill supply of cyclobenzaprine (Flexeril) at issue represents treatment well 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.

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: Finally, the request for Norco, a short-acting 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 off work. The attending provider reported on January 19, 2015 that the applicant had last worked on August 25, 2011. The applicant continues to report pain complaints as high as 8-9/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of the same (if any). Therefore, the request was not medically necessary.