MAXIMUS Federal Services

Case Number:	CM15-0051742		
Date Assigned:	03/25/2015	Date of Injury:	05/11/2012
Decision Date:	05/12/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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: Colorado
Certification(s)/Specialty: Family Practice

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 injured worker is a 53 year old male, who sustained an industrial injury on 5/14/2012. He reported injury from lifting boxes. The injured worker was diagnosed as having bilateral shoulder sprain and right lateral epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 2/5/2015, the injured worker complains of bilateral shoulder tenderness, stress, gastritis, depression and insomnia. The treating physician is requesting Naproxen and Cyclobenzaprine-Tramadol cream.

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 Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

Decision rationale: Per the Guidelines, Non-steroidal anti-inflammatory drugs may be considered first-line therapy for short-term, symptomatic relief of moderate to severe pain, and recent clinical trials support the use in chronic low back as an effective measure. (Acetaminophen is considered first line therapy for mild to moderate pain or in patient's at high risk for adverse gastrointestinal events.) The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. Per the Guidelines, no consistent, quality evidence exists to support the use of Non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain, or combination pain syndromes (nociceptive pain with neuropathic pain). There is insufficient evidence to support long-term use of non-steroidal anti-inflammatory drugs for pain. As with other pain medications, assessment for improved pain and function should be documented when using non-steroidal anti-inflammatory drugs. For the patient of concern, the records indicate that Naproxen sodium has been used for extended period of time for increased pain issues in bilateral shoulders. The record also indicates that patient has developed gastritis in the past due to Naproxen sodium. The clinic note from treating physician dated 2/5/2015 indicates that patient pain is 7-8/10, and clinic notes from 8/29/2014, before Naproxen sodium was restarted, indicate patient pain 8-9/10 without medications. Thus, patient has no significant documented improvement in pain levels with non-steroidal anti-inflammatory drug such as Naproxen sodium. There is no objective assessment of function documented for the patient after initiation of Naproxen sodium. Without documented improvement in pain and/or function, and with documented gastritis due to non-steroidal anti-inflammatory drug, the Naproxen sodium is not medically necessary for continued use for treatment of pain.

Cyclobenzaprine -Tramadol cream x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Topical Baclofen and all other topical muscle relaxers (Cyclobenzaprine), are not recommended, per the guidelines and have no evidence-based support for their use. The MTUS Guidelines do not address topical Tramadol, which in this case is not relevant because the Cyclobenzaprine is not recommended, so the entire topical preparation is not recommended and not medically indicated. The records do not include any information to support the use of topical preparations not recommended by the Guidelines. Therefore, the requested treatment is not medically necessary.