MAXIMUS Federal Services

Case Number:	CM15-0128821		
Date Assigned:	07/15/2015	Date of Injury:	08/08/2013
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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 36-year-old who has filed a claim for chronic shoulder, neck, and hip pain reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for Relafen, Flexeril, Norco, and an orthopedic consultation. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating into the hips and legs, 5/10. The applicant's medications do not help, the treating provider reported. Despite that report, prescriptions for Relafen, Flexeril, and Norco were renewed. SI joint injection therapy was sought. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In an applicant activities of daily living questionnaire dated February 4, 2015, the applicant stated that activities of daily living to include lifting, standing, walking, sleeping, and activities of self-care and personal hygiene were problematic secondary to pain. The applicant also stated that his pain complaints were interfering with his concentrating and thinking. A medical-legal evaluator strongly suggested on March 3, 2015 that the applicant was not working, noting that periods of total temporary disability have been appropriate as determined by the applicant's treating physician. Additional work restrictions were imposed by the medical-legal evaluator. In a June 16, 2015 progress note, the applicant reported ongoing complaints of shoulder and hip pain. The treating provider, a physiatrist, suggested that the applicant consult an orthopedist to address ongoing issues with hip pain. Norco, Flexeril, and Relafen were renewed, seemingly without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumatone 500 mg Qty 60: 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 nabumetone (Relafen), 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 Relafen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, 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 efficacy of medication into his choice of recommendations. Here, however, ongoing usage of Relafen did not appear to have proven particularly beneficial. The attending provider reported on April 15, 2015 that the applicant's medications, presumably including Relafen, do not help. The applicant was not working, a medical-legal evaluator reported on March 3, 2015. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Relafen. Therefore, the request was not medically necessary.

Cyclobenzaprine 70 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - muscle relaxants.

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

Decision rationale: Similarly, the request for cyclobenzaprine (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 not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Relafen, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue, in and of itself, implies chronic, long-term, and/or daily usage of the same, i.e., usage 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 7.5/325 mg Qty 60: Upheld

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

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

Decision rationale: Similarly, 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 of work, a medical-legal evaluator reported on March 3, 2015. The attending provider reported on a progress note of April 15, 2015 that the applicant's medications did not help. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Orthopedic Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Finally, the request for an orthopedic consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, a medical-legal evaluator reported on March 3, 2015. Analgesic medications had proven ineffective, the treating provider reported in April 2015. Obtaining the added expertise of a practitioner in another specialty, such as an orthopedist, thus, was indicated to formulate further treatment options insofar as the applicant's injured hip was concerned. Therefore, the request was medically necessary.