MAXIMUS Federal Services

Case Number:	CM15-0172988		
Date Assigned:	09/15/2015	Date of Injury:	01/06/2010
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 6, 2010. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for Naprosyn and Flexeril. The claims administrator referenced a July 29, 2015 office visit and an associated August 20, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported worsening bilateral knee pain. The applicant was described as having undergone a failed right knee total knee arthroplasty procedure and had superimposed issues with left knee advanced degenerative joint disease. The applicant was asked to pursue viscosupplementation injections to the left knee. The attending provider suggested that the applicant could potentially have component loosening about the right knee. The applicant was kept off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. On July 29, 2015, the applicant reported ongoing complaints of worsening knee pain, 7/10. The applicant was asked to continue Naprosyn, Protonix, Cymbalta, and Flexeril while remaining off of work. The applicant had not worked in several months; it was reported towards the bottom of the note, admittedly through usage of preprinted checkboxes. New lumbar support was endorsed. The attending provider stated that the applicant's medications were ameliorating the applicant's ability to perform cooking and food preparation, but did not elaborate further. The applicant was using Norco; it was stated towards the top of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 50mg #90: 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, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that Naprosyn, an anti-inflammatory medication, is indicated in the treatment of arthritis, as was present here in the form of the applicant's ongoing issues with knee arthritis, 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, the applicant remained off of work, on total temporary disability; it was reported on August 27, 2015. The applicant's knee pain complaints were described as progressively worsening as of that point in time. On July 27, 2015, the applicant was again described as having progressively worsening knee pain complaints. The applicant remained dependent on opioids changes such as Norco; it was reported on July 29, 2015, despite ongoing Naprosyn usage. Permanent work restrictions imposed by a medical-legal evaluator were renewed on that date, seemingly unchanged on previous visits. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Cyclobenzaprine (Flexeril) was 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 Norco, Cymbalta, Naprosyn, and a variety of other agents. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-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.