

Case Number:	CM15-0173818		
Date Assigned:	09/15/2015	Date of Injury:	05/07/2002
Decision Date:	10/28/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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 53-year-old who has filed a claim for chronic neck, wrist, and hand pain reportedly associated with an industrial injury of May 7, 2002. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for Motrin and Flexeril. The claims administrator referenced an RFA form received on July 24, 2015 and a July 24, 2015 date of service in its determination, the full text of the UR report was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant reported ongoing complaints of neck, upper extremity, finger, and hand pain with associated upper extremity paresthesias, 7/10. The applicant received trigger point injections in the clinic. The applicant received refills of Motrin and Flexeril. No seeming discussion of medication efficacy transpired. 6-7/10 pain complaints were reported. The applicant was in MMI, it was reported. It was not clearly stated whether the applicant was or was not working with said limitations in place. On January 8, 2015, the applicant reported ongoing complaints of hand, finger, and upper extremity pain, 8/10. Multiple trigger point injections were performed while Motrin and Flexeril were renewed. Once again, the applicant's work status was not reported. On April 16, 2015, Motrin and Flexeril were renewed. Once again, the applicant's work status was not reported. Heightened, 7-8/10 neck, finger, and upper extremity pain complaints were reported. The attending provider stated that the applicant was tolerating her medications but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ibuprofen 600mg #60 DOS: 7/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for ibuprofen (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 ibuprofen (Motrin) do represent the traditional first-line of treatment of various chronic pain complaints, 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's work status was not clearly reported on multiple dates, including on July 24, 2015. It did not appear, however, the applicant was working with permanent limitations in place. 6-7/10 pain complaints were reported on July 24, 2015, while a historical note of April 16, 2015 was notable for complaints that the claimant had 7-8/10 pain complaints. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on frequent trigger point injections, which were seemingly administered on each office visit, including on July 24, 2015, and April 16, 2015. 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 is not medically necessary.

Retro Cyclobenzaprine 10mg #60 DOS: 7/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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 Motrin, i.e., another agent. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was 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 is not medically necessary.

