

<b>Case Number:</b>	CM15-0044312		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/18/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 40-year-old who has filed a claim for elbow and forearm pain reportedly associated with an industrial injury of October 18, 2014. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for Fexmid (cyclobenzaprine) and tramadol. A partial approval of tramadol was apparently endorsed for weaning or tapering purposes. Naproxen was also denied. The claims administrator referenced a November 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed, in a letter dated March 3, 2015. In a Doctor's First Report (DFR) dated January 26, 2015, the applicant reported ongoing complaints of elbow and forearm pain reported attributed to cumulative trauma at work. A rather proscriptive 5-pound lifting limitation, naproxen, tramadol, and Flexeril were endorsed. The office visit in question, thus, seemingly represented the applicant's first visit with the treating provider. On November 11, 2014, the applicant was given prescriptions for naproxen, Norflex, and Ultracet. A 10-pound lifting limitation was endorsed. It was stated that the applicant was working as a cashier with said limitations in place through this point in time. The attending provider then wrote, however, at the bottom of the report that the applicant should avoid cashier duties, going forward. Thus, it appeared that the applicant was working through that point in time but that the applicant was not necessarily working following the imposition of more proscriptive limitations on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Anti-inflammatory Medications topic Page(s): 7; 22.

**Decision rationale:** Finally, the request for Anaprox (naproxen), an anti-inflammatory medication, was likewise 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 naproxen do represent the traditional first line treatment for various chronic pain conditions, including the chronic elbow and forearm 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 medication efficacy into his choice of recommendations. Here, however, the applicant did not appear to be working as of the date in question, January 26, 2015. The request for naproxen represented a renewal request for the same. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Ultram. The attending provider's January 26, 2015 progress note was sparse, thinly developed, did not outline how (or if) ongoing usage of naproxen (Anaprox) had or had not been beneficial. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Fexmid 7.5 MG #60:** Upheld

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

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

**Decision rationale:** No, the request for Fexmid (cyclobenzaprine) 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 other agents, including tramadol and naproxen. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is 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 was not medically necessary.

**Ultram 150 MG #60:** Upheld

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

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

**Decision rationale:** Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. The request in question was, in a fact, a renewal request as the applicant had received Ultram/Ultracet from a previous provider. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that 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, it did not appear that the applicant was working as of the date of the request, January 26, 2015. A progress note of that date failed to include or incorporate any discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain or meaningful commentary of improvements in function (if any) as a result of ongoing Ultram usage. Therefore, the request was not medically necessary. 3. Finally, the request for Anaprox (naproxen), an anti-inflammatory medication, was likewise 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 naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic elbow and forearm 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 medication efficacy into his choice of recommendations. Here, however, the applicant did not appear to be working as of the date in question, January 26, 2015. The request for naproxen represented a renewal request for the same. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Ultram. The attending provider's January 26, 2015 progress note was sparse, thinly developed, did not outline how (or if) ongoing usage of naproxen (Anaprox) had or had not been beneficial. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary. DETERMINATION: Not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section. 2. MTUS Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory Medications topic. 3. MTUS 9792.20e.