

Case Number:	CM15-0062335		
Date Assigned:	04/08/2015	Date of Injury:	02/01/2013
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 49-year-old who has filed a claim for chronic shoulder, wrist, and elbow pain reportedly associated with an industrial injury of February 1, 2013. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Flexeril, Prilosec, and naproxen. A RFA form received on March 17, 2015 was referenced in the determination, as were progress notes of March 9, 2015 and January 9, 2015. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of elbow, shoulder, and wrist pain. The applicant was working light duty. The applicant was returned to regular duty work, the treating provider reported, on the grounds that the applicant had benefited from earlier treatment. The attending provider stated that Naproxen and Flexeril were ameliorating her pain complaints. Prilosec was also renewed. It was not clearly stated for what purpose Prilosec was being employed. On February 11, 2015, it was noted that the applicant had persistent elbow, wrist, and shoulder pain. Medications were refilled. It was suggested that the applicant was working with restrictions in place. The attending provider stated that the applicant's medication consumption was allowing her to maintain appropriate levels of function, including pushing and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: No, the request for Flexeril (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 naproxen, on or around the date of the request. The 30-tablet supply of Flexeril (cyclobenzaprine) at issue, furthermore, implies chronic, long-term, and 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.

Prilosec 20mg #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory agents). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on progress notes of March 9, 2015 and February 11, 2015. Therefore, the request was not medically necessary.

Naprosyn 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory agents). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Finally, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent traditional first line of treatment for various chronic pain conditions, including the chronic elbow, shoulder, and wrist pain reportedly present here. Here, the attending provider reported on multiple progress notes, including on February 11, 2015, that the applicant had affected a favorable response to ongoing usage of naproxen. The applicant had apparently returned to regular duty work and reported that ongoing usage of naproxen had ameliorated her ability to grip, grasp, and lift. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.