

Case Number:	CM15-0069720		
Date Assigned:	04/17/2015	Date of Injury:	11/01/2007
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/13/2015

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, mid back, and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of November 5, 2007. In a utilization review report dated April 9, 2015, the claims administrator failed to approve a request for Norco, Motrin, and Flexeril. The claims administrator referenced a March 31, 2015 order form in its determination. The claims administrator, it is incidentally noted, did approve requests for Neurontin and Protonix. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was status post earlier failed cervical fusion surgery. The applicant developed derivative complaints of depression. The applicant was given refills of Norco, Neurontin, and Prilosec. No discussion of medication efficacy transpired. The applicant was not working, it was acknowledged. In an earlier progress note dated November 4, 2014, the applicant was given prescriptions for tramadol, Nalfon, Protonix, Terocin, and LidoPro lotion. Once again, it was acknowledged that the applicant was not working owing to various multifocal pain complaints. The applicant reported gait derangement requiring usage of a cane on this date. The claimant's medical evidence log suggested that the December 2014 progress note in fact represented the most recent progress note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/32mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 91, 78-80, 124.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was 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 as of the progress note of December 18, 2014, referenced above. The December 18, 2014 progress note was notable for commentary that the applicant was having difficulty performing activities of daily living including bending, squatting, and/or negotiating stairs. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Motrin 300mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider does not clearly establish why Motrin was being introduced and/or prescribed when the applicant had previously received prescriptions for another NSAID, Naprosyn, on December 18, 2014, and November 19, 2014. The applicant had, furthermore, received a prescription for a third NSAID, Nalfon, on November 4, 2014. No clear or compelling rationale for usage of three different NSAID medications was furnished by the attending provider. Therefore, the request was not medically necessary.

Flexeril 7.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) 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, tramadol, Nalfon, Naprosyn, Motrin, etc. Adding 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 was not medically necessary.