

Case Number:	CM15-0069815		
Date Assigned:	04/17/2015	Date of Injury:	09/17/2013
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
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 50-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 17, 2013. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve requests for Naprosyn, Flexeril, and Voltaren gel. An RFA form received on March 20, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 25, 2015, the applicant reported ongoing complaints of elbow pain. Various medications were refilled. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. Acupuncture was proposed. TENS unit patches were also prescribed and/or dispensed. The note was sparse, thinly developed, and was difficult to follow. On March 11, 2015, the applicant again reported 5/10 elbow pain. The applicant was given diagnoses of medial elbow epicondylitis versus ulnar neuropathy. The applicant was asked to continue Naprosyn, Flexeril, and Voltaren gel. Physical therapy was endorsed. An extremely proscriptive 7- to 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: 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 Page(s): 7.

Decision rationale: No, the request for Naprosyn, 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 Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic elbow 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 attending provider has failed to outline any quantifiable decrements in pain effected as a result of ongoing Naprosyn usage. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on other forms of medical treatment, including a TENS unit, acupuncture, Flexeril, Voltaren gel, etc. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant did not appear to be working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg: 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: 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 other agents, including Voltaren gel and Naprosyn. The attending provider's decision to renew cyclobenzaprine, it is further noted, in effect, represented 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.

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Finally, the request for Voltaren gel, a topical NSAID, was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary operating diagnosis here, per the treating provider, was ulnar neuropathy. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs such as Voltaren gel are not recommended in the treatment of neuropathic pain, as was/is present here. Therefore, the request was not medically necessary.