MAXIMUS Federal Services

Case Number:	CM15-0078274		
Date Assigned:	04/30/2015	Date of Injury:	02/12/2003
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 12, 2003. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve requests for Motrin and Fexmid (Flexeril). The claims administrator referenced a February 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of low back pain. The note was handwritten, sparse, and somewhat difficult to follow. Low back pain complaints rated at 6/10 were reported. The applicant was asked to continue home exercises and employ topical applications of heat and cold for pain relief. Motrin and Flexeril were apparently renewed. The attending provider stated that the applicant's ability to work had been ameliorated as a result of ongoing medication consumption, admittedly through usage of preprinted checkboxes. 7/10 pain without medications versus 6/10 pain with medications was reported on this date. A lumbar support, heating pads, self-application of heat, Motrin, and Flexeril were endorsed. The applicant was asked to follow up on an as-needed basis. Survey of the progress notes suggested that the applicant had been seen relatively infrequently over the course of the claim. The applicant was using Motrin, Flexeril, hydrochlorothiazide, and medications for cholesterol, it was noted on progress note of October 9, 2012. On October 2, 2013, it was again stated that the applicant had not been in several months. Ongoing complaints of low back pain were reported. Flexeril (Fexmid) was endorsed. On July 24, 2014, the applicant was, once again, returned to regular duty work, despite ongoing complaints of low back pain. 9/10 pain without medications versus 6/10 pain with medications

was noted. The applicant was asked to use an interferential stimulator device. The note was handwritten and quite difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

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

Decision rationale: Yes, the request for Motrin, 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 Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, multiple progress notes referenced above, have seemingly suggested that the applicant has derived appropriate analgesia from ongoing ibuprofen usage. A late 2014 progress note suggested that the applicant reported 9/10 pain without medications versus 6/10 pain with medications. The applicant's successful return to regular duty work with ongoing medication consumption, furthermore, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing Motrin usage. Therefore, the request was medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41, 64.

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

Decision rationale: Conversely, 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 Fexmid (cyclobenzaprine) to other agents is not recommended. Here, the applicant was, in fact, concurrently using Motrin. Adding cyclobenzaprine or Fexmid to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Fexmid) 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.