MAXIMUS Federal Services

Case Number:	CM15-0127105		
Date Assigned:	08/10/2015	Date of Injury:	07/12/2014
Decision Date:	10/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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 66-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 12, 2014. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for Naprosyn, Fexmid, and tramadol. The claims administrator referenced a May 20, 2015 DFR and an associated RFA form of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated May 20, 2015, the applicant reported 6/10 neck pain complaints and ancillary complaints of headaches. The applicant stated in one section of his questionnaire that he was "still employed" with the same employer. In another section of the note, the applicant stated that he was not currently working, writing "no" to a question as to whether he was or was not working. The applicant then stated in a third section of the note that he was on "modified" duty. The applicant then suggested (but did not clearly state) toward the bottom of the note that he had not worked since August 2014. The questionnaire comprised, largely of preprinted checkboxes. In an associated Doctor's First Report (DFR) dated May 20, 2015, the applicant presented with a primary complaint of neck pain. A 20-pound lifting limitation was endorsed. Naprosyn, tramadol extended release, and Flexeril were prescribed. The requests were seemingly framed as first-time requests. On June 17, 2015, the applicant's treatment provider acknowledged that the applicant was not working as modified duty was unable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Yes, the request for Naprosyn, an anti-inflammatory medication, is 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 Naprosyn do represent the traditional first-line treatment for various chronic pain conditions. Here, the request was framed as a first- time request for the same on May 20, 2015. The applicant had ongoing complaints of neck and headaches present on that date. Introduction of Naprosyn was, thus, indicated to ameliorate the same. Therefore, the request is medically necessary.

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Conversely, the request for Fexmid (cyclobenzaprine) is 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 (Flexeril) to other agents is not recommended. Here, the applicant was, in fact, given a variety of other agents on May 20, 2015, including Naprosyn and tramadol extended-release. The addition of cyclobenzaprine to the mix was not recommended. The 60-tablet supply of Fexmid (cyclobenzaprine) at issue, moreover, 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 is not medically necessary.

Ultram Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, specific drug list.

Decision rationale: Finally, the request for tramadol extended-release 150 mg #60 is not medically necessary, medically appropriate, or indicated here. The request in question was framed as a first-time request for tramadol-extended release, apparently introduced for the first time on May 20, 2015. However, page 94 of the MTUS Chronic Pain Medical Treatment Guidelines notes that claimants who are not currently on immediate-release tramadol should be started on extended-release tramadol at a dose of 100 mg once daily. Here, the request for tramadol extended-release 150 mg once daily, thus, represented treatments at a dosage in excess of the 100 mg, once-daily introductory role established on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines for Ultram extended release. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a trial should be given for each individual medication and that the analgesic effects of a particular medication should produce effect within one to three days. Here, thus, the first-time request for tramadol extended-release 150 mg #60 was at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines as the attending provider gave the claimant what amounted to a two-month supply of the same and also prescribed tramadol extended-release in conjunction with several other agents, including Fexmid and Naprosyn. Therefore, the request is not medically necessary.