

Case Number:	CM13-0016180		
Date Assigned:	03/12/2014	Date of Injury:	04/12/2013
Decision Date:	08/25/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Disease, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 55-year-old male who reported an injury on 04/12/2013. The mechanism of injury was lifting a heavy item and turning. The injured worker's diagnosis was noted to be lumbar strain with lumbar radiculopathy. Prior treatments were noted to be physical therapy and medications. The injured worker's diagnostic history was noted to be x-rays, MRI, and EMG. It is not noted that the injured worker had any surgical history. A clinical evaluation dated 07/23/2013 was submitted with the documents for review. It notes the injured worker with complaints of low back and mid back pain. The physical examination noted normal muscle strength, sensory exam noted decreased sensation in the right foot and more in the S1 dermatome, more on the side and bottom of the foot to light touch. The left lower extremities were normal. Palpation of the cervical spine noted spasm and tightness over the paracervical muscles. Active range of motion for the lumbar spine was impaired, flexion was 40% of normal, extension 20% of normal, right lateral flexion 40% of normal, and left lateral flexion 50% of normal. Straight leg raise was negative on the right, and positive on the left for 70%. It was noted in the thoracic spine region muscle spasm and tightness from T2 through 10, greater on the right than the left. Thoracic range of motion was only slightly impaired. The injured worker's medications were noted to be ibuprofen, Meloxicam, Tramadol, and lisinopril. The treatment plan is for conservative care and another course of physical therapy. In addition, medications Naproxen and Flexeril. The provider's rationale for the request was provided within the recommendation and treatment plan of a clinical evaluation dated 07/23/2013. The request for authorization for medical treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Flexeril 10 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine, which is Flexeril, as an option, using a short course of therapy. The effect of Flexeril is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatments should be brief. When used as an antispasmodic to decrease muscle spasm in conditions such as low back pain, although it appears these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. These are recommended for a short course of therapy. Limited, mixed evidence, does not allow for recommendation for chronic use. The injured worker had a clinical evaluation on 07/23/2013. It was noted in the objective findings the injured worker had spasms. The treatment plan for Flexeril does not indicate a duration of Flexeril therapy. The guidelines do not recommend therapy longer than 3 weeks. In addition, the provider's request for Flexeril fails to indicate a frequency and a quantity. Therefore, the request for Flexeril 10 mg is non-certified.

NAPROXEN 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: The request for Naproxen 550 mg, quantity 90, is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Naproxen for non-steroidal anti-inflammatory relief of the signs and symptoms of osteoarthritis. The clinical documentation submitted for review does not indicate a diagnosis or symptoms of osteoarthritis. Further documentation would be necessary to warrant a medical necessity for Naproxen as the guidelines indicate for osteoarthritis. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Naproxen 500 mg, quantity 90, is non-certified.