

Case Number:	CM13-0021305		
Date Assigned:	12/11/2013	Date of Injury:	10/22/2001
Decision Date:	05/12/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/08/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This case involves a 43-year-old male, who sustained a work related injury on October 22, 2001, as a warehouse picker when boxes fell onto his head. He reported sustaining injuries to his head, back, neck and right shoulder. Since then he has undergone a two (2) level cervical laminectomy with fusion. He has been diagnosed with shoulder pain, cervical spondylosis and cervical/lumbar intervertebral disc disease. This information was gleaned from the [REDACTED] medical review documentation, dated Aug 26, 2013 as no other up to date medical documentation within the past three and a half years was provided for this Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), PAIN INTERVENTIONS AND TREATMENTS Page(s): 73.

Decision rationale: The Chronic Pain Guidelines indicate that Naproxen (Naprosyn® / Anaprox® , Anaprox DS® , Aleve® [OTC]) is a non-steroidal anti-inflammatory drug used

for anti-inflammatory and pain relief. Dividing the daily dose into three (3) doses versus two (2) doses for immediate-release and delayed-release formulations generally does not affect response. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Based upon the information provided, the medication is not medically necessary.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), PAIN INTERVENTIONS AND TREATMENT Page(s): 64.

Decision rationale: The Chronic Pain Guidelines indicate that Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid TM, generic available) is recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants, such as amitriptyline. It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of three (3) at two (2) weeks for symptom improvement. The greatest effect appears to be in the first four (4) days of treatment. Based upon the information provided, the medication is not medically necessary.