

Case Number:	CM13-0027354		
Date Assigned:	04/25/2014	Date of Injury:	01/26/2011
Decision Date:	06/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 33 year old male with date of injury 1/26/11. The treating physician report dated 8/20/13 indicates that the patient presents with pain affecting the lower back and right ankle rated a 7-8/10 on a constant basis. The current diagnoses are: Discogenic lumbar condition with facet inflammation and periodic radiculopathy; Right ankle sprain/strain; depression/anxiety; 50lb weight gain; sleep dysfunction; gastritis and HA.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63-66.

Decision rationale: The MTUS guidelines support the usage of cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. It appears that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of this medication. Recommendation is for denial.

NAPROXEN 550MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Drugs,NSAIDS Page(s): 22, 67-68.

Decision rationale: MTUS guidelines pg22 does recommend NSAIDs. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Additionally pg. 67-68 states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does not have any documented risk factors for GI or cardiovascular issues. The use of naproxen for this patient's inflammation is medically necessary.

ACETADRYL 25MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://Www.Webmd.Com/Drugs/Drug-156059-Acetadryl+Oral.Aspx?Drugid=156059&Drugname=Acetadryl+Oral](http://www.webmd.com/drugs/drug-156059-acetadryl+oral.aspx?Drugid=156059&Drugname=Acetadryl+Oral).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

Decision rationale: Acetadryl is Acetaminophen 500mg and Diphenhydramine HCl 25mg and is prescribed as a pain reliever/sleep aid. The treating physician has prescribed Acetadryl for insomnia secondary to moderate pain. The MTUS guidelines state that acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Diphenhydramine is widely used in many non-prescription sleep aids and cold medications. MTUS does not address Diphenhydramine. The ODG guidelines state that Diphenhydramine (Benadryl) is a sedating antihistamine that is recommended for long-term insomnia treatment. In this case the treating physician has documented that this patient has insomnia, and the prescribed medication for insomnia is not supported by ODG. The ODG guidelines do not support diphenhydramine on a long-term basis for insomnia. Recommendation is for denial.