

Case Number:	CM13-0027633		
Date Assigned:	11/01/2013	Date of Injury:	09/13/2010
Decision Date:	02/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 44-year-old female who reported an injury on 09/13/2010. The mechanism of injury was not provided. The patient was noted to have pain in the low back at the end of the day that was a 4/10. The patient was noted to have tenderness on the right side of the low back upon palpation. The patient's diagnosis was noted to be intervertebral disc disorder in the cervical region. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium, 550mg, #60,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 70..

Decision rationale: California MTUS guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. They recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for

review failed to provide the efficacy of the requested medication. Given the above, the request for Naproxen 550 mg #60 for inflammation is not medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64..

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

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review indicated that, since the denial of Flexeril 7.5 mg, the patient was noted to have spasms 3 to 4 days a week. However, there was lack of documentation of efficacy of the requested medication. Additionally, there was a lack of documentation indicating a necessity for long-term treatment, considering that, per California MTUS Guidelines, it is not recommended for a treatment period longer than 2 to 3 weeks. Given the above, the request for Flexeril 7.5 mg #60 for muscle spasm is not medically necessary.