

Case Number:	CM13-0044362		
Date Assigned:	01/22/2014	Date of Injury:	01/12/2010
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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, 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 43 year old male with a date of injury of 01/12/10. The listed diagnoses per [REDACTED] are Bilateral Lumbosacral strain, Left Lumbosacral radiculopathy, Bilateral Lumbosacralfacet syndrome, Myofascial pain syndrome. According to report dated 09/24/2013 by [REDACTED], the patient presents with complaints of low back pain that radiates down the left lower extremity and some intermittent numbness and tingling sensation. He also notes pain in the bilateral lumbal ligaments and facet joint area. Examination reveals decreased range of motion on all planes and decreased sensation in the dorsal aspect of the foot. There is positive left straight leg raise at 40 degrees. Patient is taking Naprosyn 550mg for inflammation, omeprazole for stomach prophylaxis and Flexeril for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN SODIUM 550 MG TIMES 100 TABS WITH REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Nsaids, Gi Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Medication For Chronic Pain, Anti-inflammatory medica.

Decision rationale: This patient presents with complaints of low back pain that radiates down the left lower extremity and some intermittent numbness and tingling sensation. Treater is requesting a refill of Naprosyn. Utilization review dated 10/09/2013 denied the request stating that this medication is recommended for the shortest time possible, due to side effects. The treater appealed the denial stating, "Naprosyn was necessary to control pain and inflammation for the lumbar spine." For antiinflammatory medications, the MTUS Guidelines page 22 states "antiinflammatory 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." It further states that NSAIDs and antidepressants are supported for the treatment of chronic LBP. In this case, the treater states that this medication is being used for this patient's chronic low back pain. Unfortunately, review of reports from 04/11/2013 to 09/04/2013; do not provide any discussions on the efficacy of this medication. Although this medication is indicated for the patient, one cannot tell that it is doing anything for the patient's pain and function. MTUS page 60 requires pain assessment and functional changes be documented when medication is used for chronic pain. The requested naproxen is not medically necessary and recommendation is for denial.

FLEXERIL 7.5 MG WITH REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antispasmodics, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antispasmodics, Cyclobenzaprine (Flexeril, Amrix,).

Decision rationale: This patient presents with complaints of low back pain that radiates down the left lower extremity and some intermittent numbness and tingling sensation. The treater is requesting refill of Flexeril 7.5 mg #30. The MTUS Guidelines page 63 regarding muscle relaxants states, "Final Determination Letter for IMR Case Number CM13-0044362 4"recommended non sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use for some medication in this class may lead to dependence." In this case, medical records indicate that this patient has been prescribed Flexeril since 07/09/2013. Muscle relaxants are recommended for short-term use only. Furthermore, physical examination finding from 04/11/2013 to 09/24/2013 do not indicated the patient has any muscle spasms. Recommendation is for denial.