

Case Number:	CM13-0045043		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2006
Decision Date:	02/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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:

This is a 55 year-old with a 9/15/06 industrial injury claim. He has been diagnosed with cervical spine myoligamentous injury with LUE symptoms; left shoulder sprain; lumbar spine myoligamentous injury with LLE symptoms; left knee internal derangement. The IMR application shows a dispute with the 10/24/13 UR decision which was by CID, based on the 10/10/13 medical report. CID modified the request for Anaprox to allow #60 as the number of tablets was not provided by the physician. Fexmid was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient has chronic low back, shoulder and knee pain. MTUS states "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective

nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of Anaprox is in accordance with MTUS guidelines. Please note, that in this case, UR also found Anaprox medically necessary, but the physician did not provide a complete prescription. The 10/10/13 report states Anaprox DS 50mg 1 tablet 2x/day was requested. It did not specify the total number of tablet, and UR allowed a 1-month supply of #60. I am not reversing the UR decision as it authorized the Anaprox to be consistent with the other medications prescribed for the one-month supply.

Fexmid 7.5mg, #60: Upheld

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

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

Decision rationale: Flexmid is cyclobenzaprine. This was requested on the 10/10/13 report. MTUS discusses cyclobenzaprine and states: "This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)" The 9/6/13 medical report shows Flexmid being used. The patient has been on Flexmid over 3 weeks. Continued use over 3-weeks is not in accordance with MTUS guidelines.