

Case Number:	CM13-0046549		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2011
Decision Date:	05/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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:

This is a 46-year-old gentleman who sustained injuries to his neck and low back in a work related accident that occurred on 11/15/11. A clinical assessment of 09/10/13 indicated that the claimant had continued cervical, bilateral shoulder, and low back complaints, left greater than right with respect to the shoulder. The record documented that a recent corticosteroid injection only temporarily helped the claimant's shoulder symptoms. There was also documentation of treatment in the form of three prior cervical and lumbar epidural injections. Physical examination at that time showed restricted cervical range of motion with tenderness. The shoulders were unchanged with positive impingement and limited terminal range of motion. Lumbar examination demonstrated dysesthesias in an L5 dermatomal distribution. Treatment recommendations per [REDACTED] at that date were for the continuation of medications and repeat corticosteroid injection to the left shoulder. Further clinical documentation is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550 MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The California MTUS guidelines would not support the continued use of Naprosyn. Guidelines indicate that anti-inflammatory agents are appropriate in the smallest dose and for the shortest time frame possible. Given the claimant's current chronic clinical presentation, the continued use of nonsteroidal medication at this stage in the clinical course of care would not be medically necessary or appropriate.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG, #120: 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 Page(s): 63-64.

Decision rationale: The California MTUS guidelines would not support the continued use of Cyclobenzaprine. With respect to the chronic use of muscle relaxants, guidelines indicate that they should be used sparingly as a second line agent for acute symptomatic flare. Records in this case do not indicate an acute symptomatic flare but rather chronic complaints pertaining to the neck, shoulder and low back. Absent any documentation of an acute flare, the Flexeril would not be supported as medically necessary.