

Case Number:	CM13-0046963		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2011
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 37 year-old with a date of injury of 12/15/11. A progress report associated with the request for services, dated 07/24/13, identified subjective complaints of back pain with other associated symptoms. The record states there has been no functional improvement in the level of activity since the last visit. That was noted on every visit in 2013. The complete physical examination stated: "On examination today, the clavicle, trapezium, scapula, shoulders, elbow, hips, and lumbar spine are tender." Diagnoses included lumbar degenerative disease with radiculopathy and multiple lumbar myofascial tender points. Treatment has included epidural steroid injections, NSAIDs, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS states that cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for

cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. In this case, the dose, frequency and duration of Flexeril have not been specified. Likewise, it is being used in combination with other agents; particularly NSAIDs for which no additional benefit has been shown. Therefore, in this case, the medical record does not document the medical necessity for cyclobenzaprine (Flexeril).

NAPROSYN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, NSAIDs Page(s): 12, 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NSAIDs.

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The ODG state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The record indicates that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there should be documented evidence of functional improvement to extend therapy beyond that. In this case, each progress report documents no change in functional improvement. Likewise, in this case, the dose, frequency and duration of Naprosyn have not been specified. Therefore there is no documented medical necessity for Naprosyn in this case.