

Case Number:	CM13-0053202		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2008
Decision Date:	03/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 51 year old female who reported an injury on 02/05/2008 due to a fall. Previous treatments have included medications and a TENS unit. The patient's medication schedule included Norco 10/325 mg, Flexiril, Neurontin, Effexor, tramadol, and naproxen. The patient's most recent clinical examination findings included decreased lumbar range of motion secondary to pain with a positive straight leg raise test bilaterally and decreased sensation along the L4-5 and L5-S1 distributions. The patient's diagnoses included low back pain radiating into the lower extremities, neck pain radiating into the upper extremities, and depression and sleep issues. The patient's treatment plan included evaluation for a spinal cord stimulator placement, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexiril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Muscle Relaxants Page(s): 60,16.

Decision rationale: The requested Flexeril 7.5 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for long durations of time. This type of medication is only recommended for short durations of treatment for acute exacerbations of chronic pain. Additionally, the clinical documentation submitted for review does not provide any evidence of symptom relief. It is noted within the documentation that the patient is not able to function without medications. However, without a quantitative assessment of pain relief to determine the efficacy to support the continued use of this medication and as the patient has been on this medication for an extended duration, continued use would not be indicated. As such, the requested Flexeril 7.5 mg #60 is not medically necessary or appropriate.

Naproxen 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Muscle Relaxants Page(s): 60,67.

Decision rationale: The requested naproxen 50 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of non-steroidal anti-inflammatory drugs for short durations of treatment. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule also recommends that continued use of medications be supported by an assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does provide evidence that the patient's pain medication schedule does provide functional benefit. However, the clinical documentation fails to support the continued use of this medication due to lack of a quantitative assessment of pain relief. Therefore, continued use would not be indicated. As such, the requested naproxen 50 mg #60 is not medically necessary or appropriate.