

<b>Case Number:</b>	CM13-0055490		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Medicine, 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 59-year-old male with date of injury on January 15, 2008 where he was reported to have fallen through a trapdoor. He carries multiple diagnoses including cervical neck pain, left upper radicular symptoms, bilateral carpal tunnel syndrome (electrodiagnostic confirmed), bilateral knee pain, depression, and history of opioid withdrawal due to medications not being authorized on time. According to the recent notes, the patient is suffering from a flare of symptoms of neck and back pain and has been using the naprosyn and flexeril more regularly for this reason. He is on a chronic regimen of opana ER, Neurontin, Naprosyn, Lidoderm, Flexeril, Trazadone, Cymbalta, Lunesta, and Omeprazole to treat his symptoms. The current request is for Naprosyn 550 mg #60 and Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROSYN 550MG, 60 COUNT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allows non-steroidal anti-inflammatory drug (NSAIDs) as treatment for chronic pain syndromes, especially flares of pain. The Chronic Pain Medical Treatment Guidelines addresses specific syndromes of back pain and osteoarthritis pain. This patient has been on a stable regimen dating back at least one year of notes that were provided. Due to flaring that is seen in the most recent notes, the naprosyn is more helpful during these times than others. Furthermore, it allows non-escalation of opioids for this patient. The request for Naprosyn 550mg, 60 count, is medically necessary and appropriate.

**FLEXERIL 7.5MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines addresses cyclobenzaprine for short course therapy and is helpful in acute syndromes or flares of pain. Chronic Pain Medical Treatment Guidelines states long term use is discouraged. The patient is reported to have an acute flare of pain on his chronic condition and as such, the cyclobenzaprine is medically necessary in this scenario. The request for Flexeril 7.5 mg is medically necessary and appropriate.