

<b>Case Number:</b>	CM13-0065820		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Occupational 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 an employee of [REDACTED] and has submitted a claim for low back pain and knee pain, with an industrial injury date of April 4, 2012. Treatment to date has included chiropractic therapy for 3 weeks, arthroscopic knee surgery in 2012, physical therapy, TENS, [REDACTED], lumbar epidural steroid injection (May 2013) which provided relief of pain, and medications including Flexeril, Anaprox, Tramadol/APAP, diclofenac sodium which provided relief without side effects. Utilization review from November 15, 2013 has denied the request for #90 Cyclobenzaprine-Flexeril 7.5mg because the guidelines support only short duration of therapy and has denied #90 Naproxen Sodium-Anaprox 550mg because of unresolving pain and lack of guidelines support. Medical records from 2013 to 2014 were reviewed, the latest of which dated March 26, 2014 which revealed that the patient presents with chronic low back and knee pain. The patient reports that the facet injection did help him to reduce pain by 50%. He states that he was able to sit and stand longer with less pain. However his pain has returned back to baseline. Physical examination done on February 14, 2014 revealed that the patient can ambulate without assistance. There was noted tenderness to palpation along the lower lumbar spine and left paraspinal musculature. Strength is 5/5 with knee, ankle, EHL, flexion/extension bilaterally. Left patellar reflex was not tested due to soreness. Straight leg raise was negative to about 50 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOYBENZAPRINE-FLEXERIL 7.5 MG, QUANTITY 90:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, chapter on Cyclobenzaprine, Flexeril is recommended for a short course of therapy, with its effect is greatest in the first 4 days of treatment. It associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. In this case, Cyclobenzaprine has been used since July 2013. Although the patient claims that Flexeril helps with back spasms, there is insufficient documentation of pain relief during visits. The request for #90 Cyclobenzaprine-Flexeril 7.5mg is not medically necessary and appropriate.

**NAPROXEN SODIUM-ANAPROX 550 MG, QUANTITY 90:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, chapter on NSAIDs, NSAIDs like Naproxen Sodium is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, naproxen sodium has been used since July 2013. Although the patient claims that medication is helpful for inflammation in his back and left knee, there is insufficient documentation of pain relief and functional improvement, and the latest progress notes lacks physical examination findings. The request for Naproxen Sodium-Anaprox 550mg, quantity 90 is not medically necessary and appropriate.