

Case Number:	CM13-0070279		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2013
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology and Pain 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 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 injured worker is a 34-year-old female who reported injuries to her low back and left foot on 2/15/13 after she pushed the band on a bread machine. Her treatment history included physical therapy, chiropractic care, and multiple medications. The injured worker was evaluated on 11/22/13. It was documented that she had ongoing low back pain complaints exacerbated by cold weather. Objective findings included tenderness to palpation and muscle guarding over the L4, L5, and L5-S1 with restricted range of motion secondary to pain and a positive straight leg raising test bilaterally. Her diagnoses included lumbar strain and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG ON PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package inserts.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60; 16.

Decision rationale: The California MTUS recommends the use of nonsteroidal anti-inflammatory drugs (NSAIDs) as a first line medication in the management of chronic pain. However, the clinical documentation submitted for review indicates that the injured worker has

been taking this medication for an extended duration of time. The MTUS recommends that the ongoing use of medications be supported by documentation of functional improvement and evidence of pain relief. The clinical documentation submitted for review does not provide an adequate assessment of pain relief to support continued use of this medication. Additionally, there is no documentation of functional improvement. As such, the request is not medically necessary.

CYCLOBENZAPRINE 10MG ONE PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package inserts.

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

Decision rationale: The California MTUS recommends muscle relaxants for short durations when treating acute exacerbations of chronic pain. The clinical documentation submitted for review indicates that the injured worker has been taking this medication since at least May 2013. This exceeds guideline recommendations. The clinical documentation also does not provide any evidence that the injured worker is experiencing an acute exacerbation of chronic pain. Additionally, the requested 30 tablets exceed the recommended 2-3 week treatment window. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary.