

Case Number:	CM14-0004078		
Date Assigned:	01/31/2014	Date of Injury:	07/14/2013
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 44 year old female who reported a lifting injury to her low back on 07/14/2013. Within the clinical notes dated 11/19/2013 the injured worker reported low back pain rated 6/10 that radiated bilaterally to the lower extremities and right buttocks. The injured worker was taking Voltaren, but had significant diarrhea, nausea, and stomach upset. The physical exam reported a negative straight leg raise test, facet loading at L4-5 and L5-S1. The injured worker also reported she had physical therapy in the past with significant short term relief. Lastly, the EMG dated 11/14/2013 reported evidence of left L4-5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG # 60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-73.

Decision rationale: The request for Naproxen Sodium 550mg#60 with 5 refills. The CA MTUS recommends NSAIDs are recommended as an option for short-term symptomatic relief. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but

fewer effects than muscle relaxants and narcotic analgesics. The injured worker had already reported gastrointestinal adverse reactions to Voltaren, which is an NSAID, and had to be discontinued. Also, there was documentation the injured worker has been utilizing NSAIDs for a prolonged time prior to the request. Additionally, the guidelines recommend a short term use of NSAIDs and the current request for a 6 month supply exceeds the guidelines. Thus, the request is not medically necessary or appropriate.

CYCLOBENZAPRINE 7.5 MG #30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Page(s): 75-76.

Decision rationale: The request for Flexeril 7.5mg #30 with 5 refills is non-certified. The CA MTUS recommends Flexeril for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The injured worker has been taking Flexeril for an extended amount of time and the request is prescribing the medication beyond the recommended guidelines. Hence, the request is not medically necessary or appropriate.