

Case Number:	CM14-0102322		
Date Assigned:	07/30/2014	Date of Injury:	06/09/2013
Decision Date:	10/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Pain Management 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 46-year-old male who sustained an injury on 06/09/13. He had constant low back pain that radiates into both lower extremities to the level of the heel. The left leg was slightly more symptomatic than the right leg. He also had numbness which radiates into the groin and tingling sensation which radiates down both the legs. Pain was rated at 8/10 without medications and 5/10 with medications. Exam revealed 5/5 strength in the bilateral lower extremities. Sensation was intact but decreased over the bilateral heels. There was tenderness over the paraspinals and increased pain with flexion and extension. Straight leg raise elicited pain in the buttocks bilaterally. Magnetic resonance imaging scan of the lumbar spine dated 08/12/13 revealed no significant disc bulge or herniation. Electromyogram/nerve conduction on 11/15/13 revealed evidence of a left S1 radiculitis. He had right rotator cuff, left eye, and scrotal surgery. He has had six visits of physical therapy. He had a lumbar epidural steroid injection done on 01/13/14 and reported over 60% pain relief. Medications have included Naprosyn, Flexeril, and Norco. He has been advanced to Oxycodone, 15 mg. He is taking Zanax and using Lidoderm patches as well. He is allergic to Tylenol. Diagnoses include severe chronic low back pain with bilateral lower extremity L5 radiculopathy, congenital spinal defect with laminar deformities, L4-5 and L5-S1, and spinal stenosis and facet arthropathy, L4-L5. The request for Naproxen 550mg # 60 and Flexeril 10mg # 60: was denied on 06/20/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NaproxenNSAIDs, specific drug list & adverse effects Page(s): 66, 73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Naproxen "nonsteroidal anti-inflammatory drugs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that nonsteroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that nonsteroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of nonsteroidal anti-inflammatory drugs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level of function with continuous use. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Flexeril 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the injured worker presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Flexeril is not established. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.