

Case Number:	CM14-0014390		
Date Assigned:	02/28/2014	Date of Injury:	08/07/2011
Decision Date:	08/01/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 a 30-year-old female who has submitted a claim for lumbar sprain/strain, right lumbar radiculitis, and lumbar disc herniation associated with an industrial injury date of August 7, 2011. Medical records from 2013 were reviewed. The patient complained of low back pain and neck pain radiating to the right upper extremity. Physical examination showed tenderness, trigger points, taut bands, and restricted range of motion of both the cervical and lumbar spine. Motor strength was normal. Hyporeflexia was noted at the right Achilles tendon. Motor strength was decreased at the right lower extremity. Sensation was diminished at L5 to S1 dermatomes. Treatment to date has included lumbar epidural steroid injections, trigger point injections to the neck, chiropractic care, physical therapy, and medications such as Anaprox, Norco, Prilosec, Fexmid, Topamax, Prilosec, and topical drugs. Utilization review from January 29, 2014 did not grant the request for Anaprox 550 mg because of gastrointestinal symptoms from NSAID use; and did not grant the request for FedMed 705 mg because the documentation did not identify presence of spasticity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Anaprox since August 2013 and reported beneficial effects from its use. However, patient likewise complained of gastrointestinal upset, which may be a contributing factor of chronic NSAID intake. Moreover, long-term use is not recommended. The request did not specify quantity to be dispensed. Therefore, the request for Anaprox DS 550 MG is not medically necessary.

Fed med 705 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Cyclobenzaprine since August 2013 and reported beneficial effects from its use. However, progress reports submitted did not provide evidence of muscle spasm. Moreover, long-term use is not recommended. The requested likewise did not specify quantity to be dispensed. Therefore, the request for Fexmid 705mg is not medically necessary.