

Case Number:	CM14-0138176		
Date Assigned:	09/05/2014	Date of Injury:	07/09/2012
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a 43-year-old female who sustained a remote industrial injury on 07/09/12 diagnosed with chronic pain, degeneration of the lumbar intervertebral disc, right lumbosacral radiculitis, subscapularis tendinitis, and sprain of the ligament of the lumbosacral joint. Mechanism of injury is not specified in the documents provided. The request for Cyclobenzaprine 10mg #90 with 5 refills was modified at utilization review to certify Cyclobenzaprine 10mg #60 with 0 refills to allow for weaning toward discontinued use due to the lack of documentation of medication directed use. The request for Naproxen 500mg #60 with 5 refills was also modified at utilization review to certify Naproxen 500mg #60 with 1 refill due to the lack of support for extended use without associated symptom relief or functional improvement, which is not provided. The most recent progress note provided is 08/20/14. Patient complains primarily of low back pain with an increase in radicular symptoms following a recent epidural injection, which provided no sustained relief. Patient also reports stabbing right shoulder pain aggravated by carrying and lifting. Physical exam findings reveal an antalgic gait, tenderness to palpation over the lumbar paraspinal muscles overlying the facet joints, trigger points over the lower lumbar paraspinal muscles, muscle spasm over the lower lumbar paraspinal muscles, decreased Achilles on the right side, and diminished sensation at the right S1 dermatomal distribution. Current medications include: Cyclobenzaprine 10mg one tablet every 8 hours as needed, Gabapentin 300mg one capsule 3 times a day, and Naproxen 500mg one tablet twice a day. It is noted that physical therapy has improved the patient's tolerance for activity and the patient is currently enrolled in psychology. Provided documents include previous progress reports that highlight prescriptions of Cyclobenzaprine and Naproxen dating back to 04/23/14, a procedure report, certification notices, previous utilization reviews, and physical therapy daily notes. On 08/06/14, the peer reviewer non-certified Cyclobenzaprine and Naproxen due to the lack of support of ongoing chronic use

of these kinds of medications, which is indicated as the requests call for 5 refills, and on 07/08/14 Cyclobenzaprine was again non-certified. Notices of certification on 06/10/14, 05/10/14, and 04/10/14 certified Naproxen 500mg #60 without refills, while Cyclobenzaprine was non-certified on 06/09/14, 05/09/14, and 04/09/14. The patient's previous treatments include epidural steroid injections, physical therapy, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 5 Refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, muscle relaxants "show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Considering the patient's date of injury and the recommended short-term treatment of muscle relaxants, chronic use of a muscle relaxant is not supported by guidelines. Further, there is no documentation of functional improvement with the current use of Cyclobenzaprine and the patient has been prescribed this medication since at least 04/23/14. Lastly, the frequency of the requested medication is not specified in the request and the request calls for multiple refills, which is not supported by guidelines. For these reasons, medical necessity is not supported and the request for Cyclobenzaprine 10mg #90 with 5 refills is not medically necessary.

Naproxen 500mg #60 With 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs and guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. In this case, the patient has been prescribed this medication since at least 04/23/14 without providing the appropriate documentation of sustained relief and functional improvement necessary for continued use. Further, the frequency of the requested medication is not specified in the request and the request calls for multiple refills, which is not supported by guidelines because ongoing monitoring of sustained relief is necessary for ongoing use. Given such, ongoing chronic NSAID

use would not be supported and non-certification of Naproxen 500mg #60 with 5 refills is recommended. Therefore the request is not medically necessary.