

Case Number:	CM14-0143206		
Date Assigned:	09/10/2014	Date of Injury:	04/03/2014
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 65 year old male who was injured on 4/3/2014. The diagnoses are low back, right shoulder and right knee pain. The patient completed chiropractic treatment, TENS unit use and PT. [REDACTED] and [REDACTED] noted subjective complaints of 3-6/10 pain score on a scale of 0 to 10. The medications listed are tramadol, Vicodin, meloxicam and naproxen for pain and Flexeril for muscle spasm. The patient is also utilizing citalopram. Utilization Review determination was rendered on 8/21/2014 recommending non certification for naproxen 550mg #60 and cyclobenzaprine 7.5mg #60

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 Anti- Inflammatory medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of NSAIDs should be limited to the lowest possible dose for the shortest duration to decrease the incidence

of cardiovascular, renal and gastrointestinal complications. The use of multiple NSAIDs is associated with increased risk of complications. The records indicate that the patient is also utilizing meloxicam in addition to the naproxen. The criterion for the use of naproxen 550mg #60 has not been met and thus, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to less than 4 weeks periods during exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized cyclobenzaprine longer than the recommended duration. The patient is also utilizing multiple opioids and other medications. The criterion for the use of cyclobenzaprine 7.5mg #60 has not been met and thus, the request is not medically necessary.