

Case Number:	CM14-0153968		
Date Assigned:	10/24/2014	Date of Injury:	07/16/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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:

The injured worker is a 43-year-old male with an original date of injury of July 16, 2014. The injured worker has documentation of low back pain and muscle spasm. The worker has had an x-ray of the lumbar spine which demonstrated no evidence of fractures and some suggestion of muscle spasm. Otherwise, there was no spondylosis noted. According to a progress note on 7/24/14, the patient is on naproxen, tramadol, and Prilosec. The disputed requests include a prescription for Flexeril and Anaprox. A utilization reviewer had denied the Flexeril on the basis that the worker had "used muscle relaxants recently with no effect." Furthermore, the usage of Flexeril in this case exceeded the timeline recommended by guidelines of a few weeks. With regard to the Anaprox, the utilization reviewer noted that the patient had used non-steroidal anti-inflammatory drugs (NSAIDs) since July, but did not note any improvement in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS - Effective July 18, 2009 Page(s): 63-66.

Decision rationale: The most relevant progress note in this case is a note on date of service September 8, 2014. The physical exam associated with this note documented the presence of back spasm and guarding. The treatment section of this note indicates that the plan is to prescribe Anaprox and Flexeril. September 17, 2014 note by another provider documents that the patient has not had improvement with conservative management thus far, and epidural injection was recommended. Given that a prior note from date of service 7/24/2014 did not indicate Flexeril as a current prescription. Given the documentation of muscle spasm, this request is medically necessary.

Anaprox DS #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS - Effective July 18, 2009 Page(s): 67-72.

Decision rationale: According to a progress note on 7/24/14, the patient is on naproxen, tramadol, and Prilosec. A later progress note on date of service September 8, 2014 specifies in the treatment plan of prescribing Anaprox and Flexeril. The patient is noted to have recently aggravated his back while swimming, but there are also reports of improvement in work status. The patient was noted to have "recently returned to regular work." Although this was mainly attributed to the recently received epidural steroid injection, the patient requests a refill of medications indicating that some benefit is felt to be derived. At this juncture, it is reasonable to continue Anaprox. The request is medically necessary.