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| Case Number: | CM14-0158115 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 01/08/2011 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female who had a work injury dated 1/8/11. The diagnoses include chronic low back and shoulder pain. Under consideration are requests for Cyclobenzaprine 7.5 mg #90, Naproxen 550 mg #60. Per documentation dated 8/18/2014 which was partially handwritten, the patient was on total temporary disability. There were continued complaints of pain rated 7-10/10 in the low back and shoulder. On exam there was lumbar paraspinal tenderness, tenderness of the cervical spine and shoulders. There was a positive straight leg raise. Multiple medications were refilled, including Cyclobenzaprine and Naprosyn. The document states that it was discussed not to take Tramadol and Cyclobenzaprine and the same time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Cyclobenzaprine 7.5 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. A peer review recommended discontinuation of Flexeril on 3/4/14. The request for Cyclobenzaprine 7.5 mg #90 is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), and Anti-inflammatory medications Page.

Decision rationale: Naproxen 550 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that anti inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS Guidelines also state that for chronic low back pain: NSAIDS are recommended as an option for short-term symptomatic relief. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is evidence of Naproxen dating back to at least April of 2014 for this patient. The documentation indicates that there has been no evidence of functional improvement on Naproxen. Additionally, the MTUS only recommends this medication for short term use. The request for Naproxen 550mg #60 is not medically necessary.