

Case Number:	CM14-0039205		
Date Assigned:	06/27/2014	Date of Injury:	11/08/2010
Decision Date:	08/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Practice 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 38 year old female claimant sustained a work injury on 11/8/10 involving the low back and right knee. She was diagnosed with anterior cruciate ligament insufficiency, lumbar spine strain with radiculopathy of L3-S1, and right and left meniscal tears. She had a chronic medical history of diabetes and hypertension. She underwent right knee menisectomy in October 2012 as well as chondroplasty and synovectomy. He has undergone acupuncture, orthotics and therapy. She was treated with Flexeril and Naproxen since at least September 2013 for pain relief and muscle spasms. A physician request note on 3/13/14 indicated the claimant required an office visit for general pharmacological management. A progress note on 5/24/14 indicated the claimant had been doing well with an unremarkable back exam. Her right knee was mildly tender with active and passive range of motion. The claimant was continued on Naproxen and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. It is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Based on the prolonged use , minimal recent symptoms and lack of evidence of failure of Tylenol, continued Naproxen use is not medically necessary. According to the MTUS guidelines, NSAIDs such as Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. It is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Based on the prolonged use , minimal recent symptoms and lack of evidence of failure of Tylenol, continued Naproxen use is not medically necessary.

Flexeril 7.5 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 Muscle Relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the claimant had been on Flexeril for several months with no recent findings of muscle spasms. The continued use is not medically necessary.

(1) Pharmacological Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialist Referral and pg 127 Page(s): 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex , when psychosocial factors are present , or when

the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the specific need for pharmacological management and the complexity of the medical situation was not specified. The claimant's diagnosis and drug management had been in place for a prolonged period with significantly new events. The request above is not medically necessary.