

<b>Case Number:</b>	CM14-0051830		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 34-year-old female was reportedly injured on January 2, 2008. The mechanism of injury is not listed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of cervical spine pain and shoulder pain. The physical examination demonstrated tenderness over the cervical spine and lumbar spine paraspinal muscles with decreased range of motion secondary to pain. There was a positive Tinel's test and Phalen's test at both hands. There was also a positive Spurling's test in both directions. Diagnostic imaging studies of the cervical spine were unremarkable. Previous treatment is not stated. A request had been made for Anaprox and Flexeril and was not certified in the pre-authorization process on March 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**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.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines anti-inflammatory medications such as Anaprox are recommended at the lowest dose possible for the shortest period in patients with moderate to severe pain. This requested dosage for Anaprox is the maximum amount. Additionally the available medical record indicates that the injured employee has been taking this medication since December 2011. For these reasons, this request for Anaprox 550 mg is not medically necessary.

**Flexeril 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.