MAXIMUS Federal Services

Case Number:	CM14-0064824		
Date Assigned:	07/11/2014	Date of Injury:	09/21/2004
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/07/2014

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 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:

This is a 50 year old female claimant who sustained a work related injury on 9/21/04 involving the low back. She underwent a total disc replacement of the L5-S1 region in 2007 and a subsequent fusion in 2008. Her pain has been managed with Norco, Anaprox 550 mg BID, OxyContin and Fexmid. A progress note on 4/4/14 indicated she has 6/10 pain which has improved 30% with a rhizotomy. Exam findings were notable for a positive straight leg raise, reproducible pain with facet loading, lumbar muscle rigidity and joint line tenderness in the right knee. She was continued on the above medications and was requested to undergo radiofrequency ablation of the L2-L3 region. She had been on the Anaprox and Fexmid since at least November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg, #1: 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 and pg.

Decision rationale: Anaprox is an NSAID. According to the MTUS guidelines, NSAIDs are 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. In this case, the claimant had been on Anaprox for at least 6 months along with opioids and muscle relaxants. Continued use for this extended period along combined with other analgesics is not recommended. In addition, the claimant has a history of gastritis, which can worsen with NSAID use. The Anaprox is not medically necessary.

Flexeril 10mg, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)/Muscle Relaxants and pg 41 Page(s): 41.

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 Flexeril had been used for several months with other agents. Based on the guidelines, continued Flexeril use is not medically necessary.