

<b>Case Number:</b>	CM14-0064970		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, 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 57 year old male injured on 08/20/08 due to a slip and fall resulting in right leg hyperextension, face/scalp/neck/eye contusions, left thigh strain, and right knee abrasion/contusion. The documentation indicated the injured worker underwent conservative therapy to include medication management and physical therapy. The injured worker suffered secondary injury on 12/01/09 when a passenger dropped luggage onto his foot resulting in left foot fracture resulting in neuropathic pain symptoms. Qualified medical reevaluation dated 02/12/14 indicated the injured worker presented complaining of left pain along the lateral aspect of the knee with frequent warmth and swelling in the knee. The injured worker also complained of burning pain in the left buttock around the left hip radiating to the lateral aspect of the left calf and low back pain, right greater than left. The injured worker reported using medications on an intermittent basis which he found to be beneficial; however, he reported an aversion to using medications. The injured worker also reported concerns about possible addiction. A list of medications was not provided for review. The initial request for Naproxen 550mg #100 with 1 refill and Flexeril 7.5mg #90 with 2 refills was initially non-certified on 04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg # 100 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti inflammatory drugs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen 550 mg # 100 with 1 refill cannot be established as medically necessary.

**Flexeril 7.5 mg # 90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprin Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no discussion regarding the use or initiation of this medication. As such, the request is not medically necessary and appropriate.