

Case Number:	CM14-0072788		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2011
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 34-year-old man with a date of injury on Feb 17, 2011. He has multiple and diffuse musculoskeletal complaints including bilateral 4th and 5th fingers pain due to repetitive use, left elbow pain with weakness after cubital tunnel release, bilateral knee pain, bilateral shoulder pain, and bilateral ankle pain. He also has headaches, depression, gastritis, insomnia, and weight gain. The physical exam was positive for diffuse tenderness, muscle strength deficits, and decreased range of motion. His diagnoses include right elbow medial and lateral epicondylitis, bilateral wrist tendinitis, bilateral shoulder tendinitis, left wrist carpal tunnel syndrome, left elbow cubital tunnel syndrome with release, and right knee medial and lateral menisci degeneration. He is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics; Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints since 2011. Per Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. In addition, the side effects include anticholinergic effects (drowsiness, urinary retention and dry mouth) and headache. The worker states he suffers from headaches. Therefore, the requested Flexeril 10mg #90 is not medically necessary.

Naprosyn 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71, 73. Decision based on Non-MTUS Citation Naproxen(Naprosyn), delayed release (EC-Naprosyn), as sodium salt (Anaprox, Anaprox DS, Aleve [otc])generic available,extended release (Naprelan): 375mg. (Naprelan package insert).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Naprosyn is recommended for its analgesic/anti-inflammatory effects. In the dose 550 mg by mouth twice daily, it can be increased to 1650 mg a day for limited periods. The maximum dose in day one should not exceed 1375 mg and 1100 mg on subsequent days, except for limited periods. This worker has chronic and diffuse musculoskeletal complaints since 2011 and this medication is an appropriate choice for analgesia. Therefore, the requested Naprosyn 550mg #120 is medically necessary. This worker has chronic and diffuse musculoskeletal complaints since 2011 and this medication is an appropriate choice for analgesia. Per Chronic Pain Medical Treatment Guidelines, Naprosyn is recommended for its analgesic/anti-inflammatory effects.