

<b>Case Number:</b>	CM13-0025251		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 2-12-2008. Diagnoses include lumbar radiculopathy, post lumbar laminectomy syndrome and lumbar degenerative disc disease. Treatment to date has included surgical intervention (anterior lumbar fusion, 2010), and conservative measures including diagnostics and medications. Medications at the time of this examination include Naproxen, Flexeril, Norco, Clonazepam and Sertraline. Per the Primary Treating Physician's Progress Report dated 6-24-2013, the injured worker reported lower back pain with radiation down both legs. Pain has increased since the last visit. She has been taking her medications as prescribed and they are less effective. Physical examination of the lumbar spine revealed restricted range of motion in all planes limited by pain. There was paravertebral muscle tenderness with a tight muscle band noted on both sides. Heel and toe walk was difficult on the left. Lumbar facet loading and straight leg raise were positive bilaterally. The plan of care included medications and authorization was requested for Zanaflex 4mg #30, Percocet 10-25mg #60 and Naproxen EC 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30, 1 at bedtime:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** CA MTUS Guidelines state that muscle relaxants should be utilized for a short course of therapy. The request is for Zanaflex daily; however the patient has recently been prescribed another muscle relaxant, Flexeril, for an undetermined period of time. Zanaflex is recommended for acute symptoms of muscle spasm or exacerbations of a chronic problem. Most guidelines recommend no more than 2-3 weeks total duration. In this case, the patient complains of low back pain radiating to both legs. Date of injury was 2008. The clear efficacy of this intervention for the patient's pain complaints is not stated in the notes presented for review. Given the lack of documentation, the request for chronic muscle relaxants is not medically necessary or appropriate.

**Naproxen EC 500mg tab #60, 1-2 per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

**Decision rationale:** According to MTUS Guidelines, Naproxen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no evidence of inflammatory origin of the pain in this case. The claimant actually has increase pain reported while taking Naproxen. Documentation submitted does show functional benefit of the medication; however there is a lack of evidence of quantifiable subjective and/or functional benefit as a result of the use of Naproxen. There also appears to be no plan of treatment to use the medication at its lowest dose and shortest period of time. Based on the above, Naproxen is not medically necessary.