

Case Number:	CM13-0063812		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2012
Decision Date:	01/27/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Internal 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 30 year old male with a work injury (dated 11/01/2012) described as an injury to neck; mid back and shoulders. In the follow up visit dated 11/20/2013 the injured worker reported pain level had increased since last visit. The provider noted that quality of life remained unchanged and activity level remained the same. The injured worker (IW) was taking medications as prescribed (Flexeril and Ibuprofen) and stated medications were working well. Physical exam noted global antalgic gait without the use of assistive devices. Cervical spine range of motion was limited by pain. Spurling's maneuver produced no pain in the neck or arm. Addison's test was negative. Exam of cervical and thoracic spine paravertebral muscles revealed spasm, tenderness, tight muscle band and trigger points. Lumbar spine exam revealed restricted range of motion due to pain. Straight leg raising test was negative. FABER test was positive. Prior treatment included chiropractor visits, physical therapy, TENS unit and medications. The IW stated physical therapy and TENS unit helped him. Medications were Ibuprofen (which the IW states provided only minimal relief and caused gastritis) and Flexeril which he stated helped him sleep. Work status was listed as modified duty however work had been unable to accommodate modified duty and the IW was considered at TTD. X-rays of the cervical, thoracic and lumbar spine done on 08/12/2013 are documented as unremarkable by the provider. Reports are not in submitted documents. Diagnoses included: - Back ache NOS- Cervical Pain- Thoracic Pain On 12/03/2013 the provider requested: - One prescription for Ibuprofen 800 mg between 11/20/2013 and 01/04/2014- One prescription for Flexeril 10 mg between 11/20/2013 and 01/04/2014. On December 5, 2013 utilization review issued a decision for non-certification of the request for Ibuprofen and Flexeril stating, the documentation suggests that no meaningful, long lasting functional gains have been made with Ibuprofen or Flexeril. CA MTUS - Chronic Pain

Medical Treatment Guidelines (May 2009) were cited. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: 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): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in moderate to severe pain. In this case, the injured worker is a 30-year-old man with a date of injury November 1, 2012. The injured worker's working diagnosis is backache. The injured worker has continued complaints of neck, back and bilateral shoulder pain. The treating physician has prescribed ibuprofen since May 2013. Ibuprofen has provided minimal pain relief but also resulted in gastritis. There is no significant objective functional improvement documented in the medical record. Consequently, absent the appropriate clinical indication with evidence of objective functional improvement, in association with nonsteroidal anti-inflammatory induced gastritis, Ibuprofen 800 mg is not medically necessary.

Flexeril 10mg: 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): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is a 30-year-old man with a date of injury November 1, 2012. The injured worker's working diagnosis is backache. The injured worker has continued complaints of neck, back and bilateral shoulder pain. The documentation indicates the treating physician has prescribed Flexeril 10 mg since June 2013. The documentation does not contain evidence of objective functional improvement regarding flexible use. The guidelines recommend short-term treatment (less than two weeks).

The injured worker has been taking Flexeril in excess of 18 months. Consequently, absent the appropriate clinical documentation to support the ongoing use of Flexeril, Flexeril 10 mg is not medically necessary.