

Case Number:	CM14-0125478		
Date Assigned:	08/11/2014	Date of Injury:	07/11/2008
Decision Date:	07/09/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 64-year-old male, with a reported date of injury of 07/11/2008. The diagnoses include left lower extremity radiculopathy, lumbar spine spondylosis, left hip degenerative joint disease, left knee degenerative joint disease, right shoulder impingement syndrome, and status post total knee replacement. Treatments to date have included electrodiagnostic studies on 02/07/2014 and oral medications. The progress note dated 06/12/2014 was handwritten and somewhat illegible. The reports indicated that the injured worker complained of neck pain, lumbar spine pain, rib pain that radiated to the spine, and right Achilles pain. It was noted that the injured worker wanted to have the pain under control before being released, and he wanted to try Nucynta. The objective findings include tenderness to palpation of the lumbar spine, negative bilateral straight leg raise, decreased lumbar pain, increased spasms of the cervical spine, moderate cervical spine stiffness, mild pain with internal rotation of the left hip, and positive right shoulder impingement. The treating physician requested Ibuprofen 600mg #60 and Flexeril 10mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 600 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are left lower extremity radiculopathy; lumbar spondylosis; left hip DJD; left knee DJD; and status post TKR. Date of injury is July 11, 2008. A progress note dated November 2011 shows the treating provider prescribed Flexeril 10 mg and Naprosyn. The strength of Naprosyn was not in the documentation. Additional medications include Tylenol #4 and Levitra. A progress note dated April 2014 shows the treating provider prescribed ibuprofen and continued Flexeril 10mg and Tylenol #4. A progress note dated August 7, 2014 (request for authorization date July 23, 2014) shows complaints of cervical, lumbar spine and leg pain. Objectively, there is cervical paraspinal muscle tenderness and lumbar paraspinal tenderness to palpation. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Naprosyn was documented in the medical record as far back as November 2011. The treating provider changed Naprosyn to ibuprofen in April 2014. In a progress note dated August 7, 2014 the injured worker was still taking ibuprofen. There was no attempt at weaning or tapering ibuprofen. There is no documentation evidencing objective functional improvement with ongoing ibuprofen. There is no evidence to recommend one drug in this class over another based on efficacy. There is no rationale for changing Naprosyn to ibuprofen. Consequently, absent clinical documentation objective functional improvement, clinical rationale for changing Naprosyn to ibuprofen and no attempt at weaning or tapering ibuprofen, ibuprofen 600 mg #60 is not medically necessary.

Flexeril 10mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s): 63-66. 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 #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain.

Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are left lower extremity radiculopathy; lumbar spondylosis; left hip DJD; left knee DJD; and status post TKR. Date of injury is July 11, 2008. A progress note dated November 2011 shows the treating provider prescribed Flexeril 10 mg and Naprosyn. The strength of Naprosyn was not in the documentation. Additional medications include Tylenol #4 and Levitra. A progress note dated April 2014 shows the treating provider prescribed ibuprofen and continued Flexeril 10mg and Tylenol #4. A progress note dated August 7, 2014 (request for authorization date July 23, 2014) shows complaints of cervical, lumbar spine and leg pain. Objectively, there is cervical paraspinal muscle tenderness and lumbar paraspinal tenderness to palpation. Documentation shows Flexeril 10mg was prescribed in excess of four years. There is no documentation demonstrating objective functional improvement. Additionally, Flexeril is indicated for short-term (less than two weeks) treatment of an acute exacerbation of chronic low back pain or acute low back pain. The treating provider prescribed Flexeril in excess of four years, clearly in excess of the recommended guidelines without compelling clinical facts to support its use. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Flexeril use in excess of the recommended guidelines for short-term (less than two weeks) use, Flexeril 10 mg #100 is not medically necessary.