

Case Number:	CM14-0187936		
Date Assigned:	11/18/2014	Date of Injury:	09/12/2014
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 27 year old man who sustained a work-related injury on September 12 2014. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 29 2014, the patient was complaining of pain in the mid and lower back with a severity rated 7/10. The pain is aggravated by movements. The patient physical examination demonstrated lumbar tenderness. The patient was ambulating with crutches. The patient was diagnosed with lumbar degenerative disc disease. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg take (1) tablet every 4 to 6 hours by oral route as need for 30 days; quantity 60 tablets with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 107.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Nonselective NSAIDs chapter, Ibuprofen is indicated for pain management of breakthrough of

neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg take (1) tablet every 4 to 6 hours by oral route as need for 30 days; quantity 60 tablets with 5 refills is not medically necessary.

Cyclobenzaprine 10mg take (1) tablet twice a day by oral route as needed for 30 days; quantity 60 tablets with 5 refills: 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.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10mg take (1) tablet twice a day by oral route as needed for 30 days; quantity 60 tablets with 5 refills is not medically necessary.