

<b>Case Number:</b>	CM14-0190380		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 29-year-old male with a date of injury of 05/14/2014. The listed diagnoses are: 1) Sprain, lumbar, 2) Postlaminectomy syndrome, lumbar region. According to progress report 11/03/2014, the patient presents with continued low back pain with left leg pain to the left foot. The patient has tapered off Gabapentin and is noting an increase of pain. He is taking naproxen 550 mg which he has been taking with omeprazole "to control his stomach pain." He is also utilizing Flexeril and topical creams to help control pain. Examination revealed decreased range of motion, and DTRs are symmetric. The patient is currently working with restrictions. Treatment plan included refill of medications. Report 07/07/2014 states the patient is currently self-employed and working approximately 3 days a week. He is tolerating working fairly well with medications. He notes that "naproxen definitely helps reduce his back pain." The request is for refill of Flexeril 10 mg and naproxen 550 mg. The utilization review denied the request on 11/08/2014. Treatment reports from 01/02/2013 through 11/03/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 with 3 refills:** 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:** This patient presents with low back pain. The current request is for Flexeril 10 mg #30 with 3 refills. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The MTUS Guidelines support the usage of cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2 to 3 weeks. In this case, the treater has prescribed this medication since 08/06/2013. The requested Flexeril is not medically necessary.

**Naproxen 550mg #30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory Page(s): 22.

**Decision rationale:** This patient presents with low back pain. The current request is for naproxen 550 mg #30 with 3 refills. The MTUS Guidelines page 22 on antiinflammatory medication states that antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. The medical records indicate that the patient has been utilizing naproxen since at least 08/06/2013. In this case, naproxen is the only medication the patient is currently taking for his pain. The patient reports that "naproxen definitely helps reduce his back pain." Report 11/04/2013 states the patient is permanent and stationary with impairment and "must continue his meds as they allow him to continue working." In this case, the treater has provided documentation that Naproxen is providing reduction in pain and allowing him to continue with work. The requested Naproxen is medically necessary.