

Case Number:	CM14-0196043		
Date Assigned:	12/04/2014	Date of Injury:	09/20/2011
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

According to the records made available for review, this is a 61-year-old male with a 9/20/11 date of injury. At the time (11/6/14) of the request for authorization for Pharmacy Purchase of Cyclobenzaprine 7.5mg, three (3) times per day, #90 and Pharmacy Purchase of Naproxen 550mg, three (3) times per day, #90, there is documentation of subjective (low back pain with right greater than left lower extremity symptoms) and objective (tenderness lumbar spine, decreased lumbar range of motion, and spasm lumboparaspinal musculature less pronounced) findings, current diagnoses (neural encroachment L4-5 and L5-S1, right), and treatment to date (medication including Cyclobenzaprine for at least 4 months with improved range of motion and tolerance to exercise and Naproxen for at least 3 months with increased range of motion). Regarding Pharmacy Purchase of Cyclobenzaprine 7.5mg, three (3) times per day, #90 there is no documentation of acute exacerbation of chronic pain and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Cyclobenzaprine 7.5mg, three (3) times per day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation and on the Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle Relaxants (For Pain), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of neural encroachment L4-5 and L5-S1, right. In addition, given documentation of improved range of motion and tolerance to exercise, there is documentation of functional benefit as a result of Cyclobenzaprine use to date. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of treatment with Cyclobenzaprine for at least 4 months, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Pharmacy Purchase of Cyclobenzaprine 7.5mg, three (3) times per day, #90 is not medically necessary.

Pharmacy Purchase of Naproxen 550mg, three (3) times per day, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neural encroachment L4-5 and L5-S1, right. In addition, there is documentation of chronic pain. Furthermore, given documentation of increased range of motion, there is documentation of functional benefit as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy Purchase of Naproxen 550mg, three (3) times per day, #90 is medically necessary.

