

<b>Case Number:</b>	CM14-0196083		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Emergency 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:

Patient with reported date of injury on 9/22/2014. Mechanism of injury is due to repetitive injury. Patient has a diagnosis of cervical sprain/strain, thoracic sprain/strain, bilateral shoulder sprain/strain with impingement, bilateral olecranon bursitis, bilateral knee sprain/strain, bilateral ankle sprain/strain and stress and sleep loss. Medical reports reviewed. Last report available until 10/21/14. Patient complains of neck pain, bilateral shoulder pain, bilateral wrist pain, bilateral elbow pain, bilateral knee pain, bilateral ankle pain and upper back pain. Pain is 7-9/10 mostly to neck, shoulders and upper extremities. Objective exam reveals cervical spine with decreased lordosis, tenderness with guarding and spasms. Axial compression negative, range of motion (ROM) is mildly decreased. Thoracic spine reveals guarding and spasms with mild decreased ROM. Bilateral shoulders reveals tenderness. Positive Impingement and Cross arm test positive bilaterally with R worst. ROM is decreased. Elbow exam has tenderness over olecranon. Negative Tinel's and Cozen's test. ROM is normal. Wrist exam revealed tenderness over flexors. Negative Tinel's and Phalen's sign. Knee exam revealed tenderness over peripatellar region. Crepitus noted. ROM is normal. Ankle exam was noted for tenderness over anterior joint. Full ROM. Stable. Sensory exam normal. Motor exam was normal. X-rays of cervical spine, bilateral shoulders and bilateral knees done on 10/21/14 was benign except for mild degenerative changes. Independent Medical Review is for Naproxen 550mg #60, Zeleplon 10mg #30 and Cyclobenzaprine #60. All retrospective for DOS 10/21/14. Prior UR on 10/31/14 recommended modification of Zaleplon to #27 and Cyclobenzaprine to #54. It approved X-rays of cervical spine, shoulder and knees. It denied Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Naproxen 550mg QTY: 60 (DOS: 10/21/14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation that patient has been on NSAIDs prior to this prescription. Pt has no contraindication noted. A trial of Naproxen for pain control is medically necessary.

**Retrospective request for Zaleplon 10mg QTY: 30 (DOS: 10/21/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Insomnia Treatment

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines Zaleplon(Sonata) is a non-benzodiazepine sedative hypnotic used for insomnia. It is recommended for short term use only. Guidelines recommend treating underlying cause of insomnia first before attempting pharmacologic therapy. Patient has issues with pain and depression that should be addressed prior to using a pharmacologic treatment. The prescription also does not correlate with short term use. Zalaplon is not medically necessary.

**Retrospective request for Cyclobenzaprine HCL QTY: 60 (DOS: 10/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. There is no

documentation of appropriate 1st line treatment prior to attempt use of cyclobenzaprine. The number of tablets prescribed also does not correlate with short term use. Cyclobenzaprine is not medically necessary.