

Case Number:	CM14-0207213		
Date Assigned:	12/19/2014	Date of Injury:	08/07/2013
Decision Date:	02/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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:

The injured worker (IW) is a 23-year-old woman with a date of injury of August 17, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar herniated nucleus pulposus with canal stenosis; and lumbar radiculopathy. Pursuant to the progress note dated October 17, 2014, the IW complains of low back pain rated 6/10 on the pain scale. The pain is described as dull and achy localized in the middle of the low back. Recently, the IW had episode of intermittent radiating stabbing pain down the bilateral lower extremities to the knee, left greater than right. Examination of the lumbar spine reveals tenderness to palpation to the left paraspinal musculature and the facet at L4-S1. Range of motion of the lumbar spine flexion at 40 degrees, extension at 15 degrees, right lateral bending at 15 degrees, and left lateral bending at 15 degrees. Sensation is decreased at the L4 dermatome. EMG/NCV of the bilateral lower extremities dated September 9, 2014 were normal. The treating physician is recommending Cyclobenzaprine 7.5mg, Naproxen Sodium 550mg, and Tylenol with Codeine #3 #60. Documentation indicated the IW has been taking Motrin OTC since August 27, 2014 with GI upset. There was no evidence of objective functional improvement associated with the use of anti-inflammatories. The current request is for Naproxen Sodium 4550mg #60, and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar herniated nucleus pulposus with canal stenosis; and lumbar radiculopathy. The progress note dated August 27, 2014 indicated the injured worker was taking Motrin over-the-counter and developed gastrointestinal upset. On October 17, 2014 the injured worker started naproxen 550 mg. There were no subsequent progress notes in the record to assess efficacy with objective functional improvement. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, absent the appropriate clinical documentation with follow-up for efficacy and objective functional improvement after 30 days, Naproxen 550 mg #60 is not medically necessary.

Cyclobenzaprine 7.5 mg #60: 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): 63-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg # 60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in 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 lumbar herniated nucleus pulposus with canal stenosis; and lumbar radiculopathy. The documentation indicates Cyclobenzaprine 7.5 mg was started October 17, 2014. Cyclobenzaprine is indicated for short-term, less than two weeks, treatment. The injured worker took a one month supply with an authorization for second month of cyclobenzaprine 7.5 mg, date of request November 17, 2014. The guidelines recommend a short-term course with a two week course of treatment. The treating physician has exceeded those guidelines with the latest cyclobenzaprine 7.5 mg #60 request. Additionally, there was no documentation in the medical record subsequent to the October 17, 2014 progress note to assess efficacy of cyclobenzaprine. Consequently, absent the appropriate documentation to support the ongoing need for cyclobenzaprine in contravention of the recommendations for short-term (less than two weeks) treatment, Cyclobenzaprine 7.5 mg #60 is not medically necessary.

