

Case Number:	CM15-0003376		
Date Assigned:	01/14/2015	Date of Injury:	05/15/2012
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 65-year-old female, with a reported date of injury of 05/15/2012. The diagnoses include lumbosacral or thoracic, neuritis or radiculitis. Treatments have included home exercise program, heat therapy, oral pain medications, and an MRI of the lumbar spine on 12/19/2012, which showed degenerative disc disease of the lumbar spine with annular tear at L4-5, bulging disc, foraminal stenosis, L4 nerve root displacement due to a disc osteophyte, and tightening of the left lateral recess. The progress report dated 12/03/2014 indicates that the injured worker reported increased low back pain radiating to the neck for five days, which was contributed to cold weather. The objective findings included tenderness to palpation of the lumbar paraspinal muscles. The treating physician requested Naproxen 550mg #120 for mild pain, and cyclobenzaprine 7.5mg #120 for spasms. On 12/12/2014, Utilization Review (UR) denied the request for Naproxen 550mg #120 and Cyclobenzaprine 7.5mg #120, noting that cyclobenzaprine is not recommended to be used for longer than 2-3 weeks, no documentation of objective findings, and no documentation of the failure of over-the-counter medications. The MTUS Chronic Pain Guidelines and Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120 (DOS 12/3/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68.

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

Decision rationale: This 65 year old female has complained of low back pain since the date of injury 5/15/12. She has been treated with physical therapy and medications to include NSAIDS since at least 07/2013. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least an 16 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.

Cyclobenzaprine 7.5mg #120 (DOS 12/3/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: This 65 year old female has complained of low back pain since the date of injury 5/15/12. She has been treated with physical therapy and medications. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.