

Case Number:	CM15-0109732		
Date Assigned:	06/16/2015	Date of Injury:	03/17/2012
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 3/17/12. The injured worker was diagnosed as having large soft disc herniation of C607, spondylosis with hard/soft disc herniation of C5-6, S/P ACDF and right shoulder impingement/frozen shoulder. Treatment to date has included cervical interbody fusion, physical therapy, oral medications including Norco, Tramadol, Fexmid and Naproxen, home exercise program and activity restrictions. Currently, the injured worker complains of right shoulder pain, neck pain rated 4/10 and improving left upper extremity pain. Physical exam noted mild cervical tenderness and muscle spasms of paraspinal musculature wit decreased cervical range of motion. A request for authorization was submitted for Anaprox, Fexmid and Protonix along with 8 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox DS 550mg #90, provided on date of service: 04/22/15:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 04/22/15 with unrated right shoulder pain, and neck pain rated 4/10 which radiates into the left upper extremity. The patient's date of injury is 03/17/12. Patient is status post anterior cervical disc fusion at C5 through C7 levels on 12/11/14. The request is for RESTOSPECTIVE REQUEST FOR ANAPROX DS 550MG #90 PROVIDED ON DATE OF SERVICE 04/22/15. The RFA is dated 04/23/15. Physical examination dated 04/22/15 reveals mild tenderness to palpation of the cervical spine with muscle spasms noted in the paraspinal musculature, 20% decreased cervical range of motion, and decreased right shoulder range of motion with positive impingement noted. The patient is currently prescribed Anaprox, Fexmid, Ultram, and Protonix. Diagnostic imaging included MRI of the cervical spine dated 08/24/14, significant findings include: "Large left C6-7 herniated nucleus pulposus compressing the exiting left C6 nerve... Neural foraminal narrowing at C5-6..." Per 04/22/15 progress note, patient is classified as temporarily totally disabled until next visit. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: " When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. Progress notes indicate that this patient has been taking Naproxen since at least 02/13/15. Addressing efficacy, progress note dated 04/22/15 states: "The neck and LUE pain are better" though does not specifically mention Anaprox. Given the conservative nature of NSAID medications, and the provided documentation of pain reduction, continuation of this medication is substantiated. The request IS medically necessary.

Retrospective request for Fexmid (Cyclobenzaprine) 7.5mg #60, provided on date of service: 04/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 04/22/15 with unrated right shoulder pain, and neck pain rated 4/10 which radiates into the left upper extremity. The patient's date of injury is

03/17/12. Patient is status post anterior cervical disc fusion at C5 through C7 levels on 12/11/14. The request is for RETROSPECTIVE REQUEST FOR FEXMID (CYCLOBENZAPRINE) 7.5MG #60 PROVIDED ON DATE OF SERVICE 04/22/15. The RFA is dated 04/23/15. Physical examination dated 04/22/15 reveals mild tenderness to palpation of the cervical spine with muscle spasms noted in the paraspinal musculature, 20% decreased cervical range of motion, and decreased right shoulder range of motion with positive impingement noted. The patient is currently prescribed Anaprox, Fexmid, Ultram, and Protonix. Diagnostic imaging included MRI of the cervical spine dated 08/24/14, significant findings include: "Large left C6-7 herniated nucleus pulposus compressing the exiting left C6 nerve... Neural foraminal narrowing at C5-6..." Per 04/22/15 progress note, patient is classified as temporarily totally disabled until next visit. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Fexmid, the provider has specified an excessive duration of therapy. This patient has been prescribed Fexmid since at least 02/17/15 with benefits documented in the subsequent reports. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.