

Case Number:	CM15-0132312		
Date Assigned:	07/20/2015	Date of Injury:	04/02/2012
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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: Pennsylvania, Ohio, 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:

This is a 36 year old female with an April 2, 2012 date of injury. A progress note dated June 2, 2015 documents subjective complaints (neck pain with radiation to the right shoulder and upper extremity with tingling/numbness in all fingertips and weakness; pain rated at a level of 8/10; problems with concentration; depression; anxiety; sleep problems), objective findings (major posture abnormalities and muscle guarding/spasms; right shoulder one inch higher compared to left; restricted range of motion of the cervical spine with increased pain; muscle guarding noted along the cervical paraspinal and trapezius muscle groups bilaterally; decreased sensation on the right at C6, C7, C8 dermatomes; positive Spurling's on the right; positive facet loading on the right), and current diagnoses (neck pain; cervical radiculitis). Treatments to date have included medications and physical therapy, which was temporarily helpful. The medical record indicates that medications help control the symptoms. The treating physician documented a plan of care that included Naproxen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen tablet 550mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line medication for acute or chronic pain. A prior physician review stated that the records did not document that Naproxen was used or effective; a subsequent office note of 7/7/15 clarifies that this medication has been both effective and well-tolerated. The request is supported by the treatment guidelines. The request is medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants / Flexeril Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.