

Case Number:	CM15-0132975		
Date Assigned:	07/21/2015	Date of Injury:	10/25/2013
Decision Date:	09/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Emergency Medicine

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 60 year old male, who sustained an industrial injury on 10/25/13. The injured worker was diagnosed as having brachial neuritis or radiculitis, lumbar radiculopathy and derangement of joint of shoulder. Treatment to date has included physical therapy, oral medications including Omeprazole 20mg, Zolpidem 10mg, Cyclobenzaprine 10mg, Norco 10/325mg and Naproxen Sodium 550mg; topical Voltaren 1% gel and activity restrictions. (MRI) magnetic resonance imaging of the cervical spine performed on 4/20/15 revealed diffuse disc bulge with partial osteophytic ridging and left sided disc bulge with osteophyte at C6-7. (MRI) magnetic resonance imaging of lumbar spine performed on 4/20/15 revealed L1-2 2mm right paracentral protrusion which minimally flattens the right anterolateral thecal sac without nerve root impingement. Currently on 6/23/15, the injured worker complains of continued pain in cervical spine, lower back and hips. The complaints are unchanged since progress report of 1/20/15. Work status is modified. Physical exam performed on 6/23/15 revealed tenderness to palpation of cervical spine paravertebral muscles with spasm and restricted range of motion, right shoulder revealed well healed arthroscopic portal holes with positive impingement sign and exam of the thoracolumbar spine revealed tenderness to palpation of paravertebral muscles with spasm and decreased sensation in bilateral L5 dermatomal distribution and restricted range of motion. Physical exam is unchanged since 1/20/15. The treatment plan included requests for Omeprazole 20mg, Zolpidem 10mg, Cyclobenzaprine 10mg, Norco 10/325mg and Naproxen Sodium 550mg; topical Voltaren 1% gel and an orthopedic consult for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL (hydrochloride) Qty 60, No NDC #, No Refills: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine HCL (hydrochloride) Qty 60, No NDC #, No Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued pain in the cervical spine, lower back and hips. The complaints are unchanged since progress report of 1/20/15. Work status is modified. Physical exam performed on 6/23/15 revealed tenderness to palpation of cervical spine paravertebral muscles with spasm and restricted range of motion, right shoulder revealed well healed arthroscopic portal holes with positive impingement sign and exam of the thoracolumbar spine revealed tenderness to palpation of paravertebral muscles with spasm and decreased sensation in bilateral L5 dermatomal distribution and restricted range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine HCL (hydrochloride) Qty 60, No NDC #, No Refills, is not medically necessary.

Naproxen Sodium 550 mg Qty 60, Refills 2, No NDC #: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The requested Naproxen Sodium 550 mg Qty 60, Refills 2, No NDC #, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has continued pain in the cervical spine, lower back and hips. The complaints are unchanged since progress report of 1/20/15. Work status is modified. Physical exam performed on 6/23/15 revealed tenderness to palpation of cervical spine paravertebral muscles with spasm and restricted range of motion, right shoulder revealed well healed arthroscopic portal holes with positive impingement sign and exam of the thoracolumbar

spine revealed tenderness to palpation of paravertebral muscles with spasm and decreased sensation in bilateral L5 dermatomal distribution and restricted range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550 mg Qty 60, Refills 2, No NDC #, is not medically necessary.