

Case Number:	CM15-0133722		
Date Assigned:	07/21/2015	Date of Injury:	03/11/2012
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year-old male who sustained an industrial injury on 03/11/12. He reported multiple injuries after a motor vehicle accident. Initial diagnoses were status post motor vehicle accident, and stable spinous process fracture, C3. Diagnostic testing and treatment to date has included x-rays, CT scan, MRI, EMG/NCS, electrical stimulator, physical therapy, home traction, acupuncture, psychotherapy, and symptomatic medication management. Currently, the injured worker complains of severe left shoulder and left-sided neck pain. His low back pain continues and travels to his left hip; he cannot sleep on the left. Physical examination is remarkable for tenderness to the cervical spine and left shoulder; he is unable to lower his left arm smoothly, and has positive impingement sign. Left shoulder has limited range of motion. Anti-inflammatory and muscle relaxant medications decrease his pain by 45%. Current diagnoses include cervical spine and lumbar spine myofascitis with radiculitis, and rule out cervical spine disc injury. Requested treatments include Flexiril 5mg #60, and Naprosyn 500mg #60. The injured worker's status is permanent and stationary. Date of Utilization Review: 06/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in May 2012 as a result of a motor vehicle accident. When seen, he was having ongoing pain and tightness in his neck and low back. He was having radiating symptoms into his legs with limited sitting tolerance. Physical examination findings included cervical, trapezius, and lumbar muscle tenderness with muscle spasms. There was decreased and painful lumbar range of motion with positive straight leg raising. There was pain with hyperextension of the cervical spine. Medications were refilled and referenced as decreasing pain by 45%. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in May 2012 as a result of a motor vehicle accident. When seen, he was having ongoing pain and tightness in his neck and low back. He was having radiating symptoms into his legs with limited sitting tolerance. Physical examination findings included cervical, trapezius, and lumbar muscle tenderness with muscle spasms. There was decreased and painful lumbar range of motion with positive straight leg raising. There was pain with hyperextension of the cervical spine. Medications were refilled and referenced as decreasing pain by 45%. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.