MAXIMUS Federal Services

Case Number:	CM15-0184461		
Date Assigned:	09/24/2015	Date of Injury:	05/23/2012
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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 52 year old male, who sustained an industrial injury on 5-23-12. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar discogenic syndrome, myofascial pain and chronic pain syndrome. The physical exam (6-15-15 through 7-15-15) revealed 6 out of 10 pain in the lower back, "decreased" lumbar range of motion and tenderness to palpation. The documentation indicated that the injured worker is unemployed. Treatment to date has included a TENS unit, acupuncture treatments that are "beneficial", a lumbar epidural injection x3 (dates of service not provided) and Ibuprofen. Current medications include LidoPro cream, Omeprazole and Naproxen (since at least 7-2-15) and Cyclobenzaprine (since at least 6-19-15). As of the PR2 dated 8-15-15, the injured worker reports 5 out of 10 pain in his lower back. He indicated that current treatments help with his pain. Objective findings include "mildly decreased" lumbar range of motion, a normal gait and tenderness to palpation. The treating physician requested Cyclobenzaprine 7.5mg #90 and Naproxen 550mg #80. The Utilization Review dated 8-24-15, non-certified the request for Cyclobenzaprine 7.5mg #90 and Naproxen 550mg #80 and certified the request for TENS patch x 2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. The request is for cyclobenzaprine 7.5MG #90. Examination to the lumbar spine on 06/15/15 revealed a decrease in range of motion with pain radiating to the right lower extremity. Patient's treatments have included physical therapy, acupuncture, medication, TENS unit, and home exercise program. Per 07/15/15 progress report, patient's diagnosis include lumbar degenerative disc disease, lumbar discogenic syndrome, myofascial pain, and chronic pain syndrome. Patient's medications, per 07/02/15 progress report include Fenoprofen, Naproxen, Cyclobenzaprine, Omeprazole, and Lidopro Cream. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicate that the patient utilizing Cyclobenzaprine since at least 06/19/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 90 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Naproxen Sodium 550mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with low back pain. The request is for naproxen sodium 550MG #80. Examination to the lumbar spine on 06/15/15 revealed a decrease in range of motion with pain radiating to the right lower extremity. Patient's treatments have included physical therapy, acupuncture, medication, TENS unit, and home exercise program. Per 07/15/15 progress report, patient's diagnosis include lumbar degenerative disc disease,

lumbar discogenic syndrome, myofascial pain, and chronic pain syndrome. Patient's medications, per 07/02/15 progress report include Fenoprofen, Naproxen, Cyclobenzaprine, Omeprazole, and Lidopro Cream. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, Anti-inflammatory medications, pg 22 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines 2009, 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." Treater does not discuss this request; no RFA was provided either. A prescription for Naproxen was first noted in progress report dated 07/02/15 and it appears that the patient has been utilizing this medication at least since then. However, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for Naproxen IS NOT medically necessary.