

<b>Case Number:</b>	CM15-0204889		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on 9-12-2012. Medical records indicate the worker is undergoing treatment for right shoulder impingement with surgical correction. The most recent progress report dated 5-14-2015, reported the injured worker complained of right shoulder pain with pending right shoulder surgery. Physical examination revealed full range of motion in all extremities and decreased lumbar range of motion due to pain. Treatment to date has included physical therapy and medication management. The physician is requesting retrospective Naproxen sodium 550mg #90 and Cyclobenzaprine 7.5mg #90-both dispensed in office on 9-21-2015. On 10-16-2015, the Utilization Review non-certified the request for retrospective Naproxen sodium 550mg #90 and Cyclobenzaprine 7.5mg #90-both dispensed in office on 9-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen sodium 550mg #90 (DOS 9/21/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS Guidelines state that NSAIDs like Naproxen should be used at the lowest dose for the shortest period of time. This patient is taking Naproxen on a chronic basis. This medication is recommended for treatment of acute pain or exacerbation of pain. In this case, Naproxen is not being utilized according to guidelines. Chronic usage increases the risk of GI adverse effects. Therefore the request is not medically necessary or appropriate.

**Retrospective Cyclobenzaprine 7.5mg #90 (DOS 9/21/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** The patient has chronic right shoulder pain and the request is for Cyclobenzaprine 7.5 mg #90. MTUS Guidelines state that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for long-term use. MTUS recommends use for 3-4 days of acute spasm and no more than 2-3 weeks total. In this case, there is no documentation of acute muscle spasm or exacerbation of spasm. In addition the prescription exceeds guidelines for short-term use. Thus the request for Cyclobenzaprine is not medically necessary or appropriate.